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* # # # # # # # # # # # # # # # # # # #	10. C	ITY OF TOWN OF DEATH		PITAL, NURSING HOME,	OR OTHER INSTIT		UAL OCCUPATION (TYPE OF W MOST OF WORKING LIFE)	VORK 126 KIND OF BUSINESS OR INDUSTRY
AD. 21201 EATH. IF ANY DEFAPTS NECESSARY, PLEASE S. 1. 2. AND 3 TO THE FUNERAL DIRECTOR. PM. 3. RETAIN PAGE 5. FOR YOUR FILES. ND 2. SHOULD BE FILED. WITHIN 72. HOURS VITAL/RECORDS, 301 W. PRESTON STREET.	19	LEW DURNIE	Mach	ARUNCIL	1. Hospi	tel cle		Grocery
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OTED WITHIN DEED WITHIN N PENCIL IN EXAMINER A SIAL-TRANS A SIAL-TRANS A SIAL-TRANS A SENOVAL		gove rise to immediate	(b)					
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S, 301 W. PRESTON ST., I ECUTED WITHIN 24 HOU S' IN PENCIL IN ITEM 18. AL EXAMINER ALONG V BURIAL-TRANSIT PERMIT. IND MENTAL HYGIENE, D IN, OR REMOVAL.			(c)					
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TAL RECORDS, 30 HOULD BE EXECUT BD "PENDING" IN THEF MEDICAL E: USED AS A BURI OF HEALTH AND JO CREMATION, O.	MEDICAL CERTIFICATION	Street, The						
ULD WED SED SED CREV	18	190. DATE OF OPERATION	19b. CONDIT	TION FOR WHICH OPERA	TION WAS PERFO	RMED?		20 AUTOPSY?
	E		Del Da					YES NO
DF VITA ATE SHC WORD THE CH TO BE UP BURIAL	1 8	210. EXTERNAL CAUSE WAS	216. TIME OF	INJURY	21c. HOW INJUR	RY OCCURRED (ENTER	NATURE OF INJURY IN ITEM 18 PART 1	OR PART 2)
P F F F F F F F F F F F F F F F F F F F	1	UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH P.M					
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DIV RRITI SE 3 SE 3 TE D	E	WHILE NOT WHILE	STREET, FACT	TORY, FARM, ETC.)	STREET		CITY OR TOWN	COUNTY STATE
DIVISION OF VITA BY THIS CERTIFICATE SHE BY WARDED TO THE CF PAGE 3 SHOUDD BE STATE DEPARTMENT O 21201 PRIOR TO BURLAT								
A P P P P P		22a. I certify that I toak char	ge of the remoins des	cribed abave, held an	Autopsy L.	Inspection .	Inquiry , and in	my apinion
MIN		death resulted from:	prol couses ,	Accident , Suic	ide	nicide Unde	termined monner,	
L EXAMINER E CERTIFICATI OULD BE FO IL DIRECTOR: H, WITH THE MARYLAND, 2		ACTUAL	xLn	1.	TITLE	(SPECIFY)		DATE 7-4-79
AL HOLL	-	SIGNATURE	ALLY 111	1	M.D. De	pax 4 ME	DICAL EXAMINER S	IGNED 2-5-17
NE N		EXAMINER'S NAME	1 1	4				
TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE 4 SHOULD BE TO FUNERAL DIRECTO A FITE DEATH, WITH TI BALTMORE, MARYLANI	Single State of the last	EXAMINER'S NAME (TYPE OR PRINT)	INDAK		ADDRESS			
PA TA	23a.E	URIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF CEM	ETERY OR CREMA	TORY 23d. L	OCATION YOR TOWN	COUNTY STATE
BP	L	Burial	2-9-79	Cheltenh:	am Vetera	ans C	heltenham PC	Co-Md-
DHMH - 17	24. F	UNERAL DIRECTOR	ADDRESS			25a. DATE REC'D. B		AR'S CONTURE
(VR A15 ME (5)) 15M 7/77	На	rdesty FH, 12 R:		Annanolia	14 21/01	FEB 13	1979	
	_				# 1 W Prom - 1 To - 1 To - 1			

79-02815 M CE N - B SUSSEL of low De water for all the first that the 75000

OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter

4 moy be

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT; If Item 21 is morked or Item 18 shows ony injury, or other troumotic event, the medical examine, must be notified at once.

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

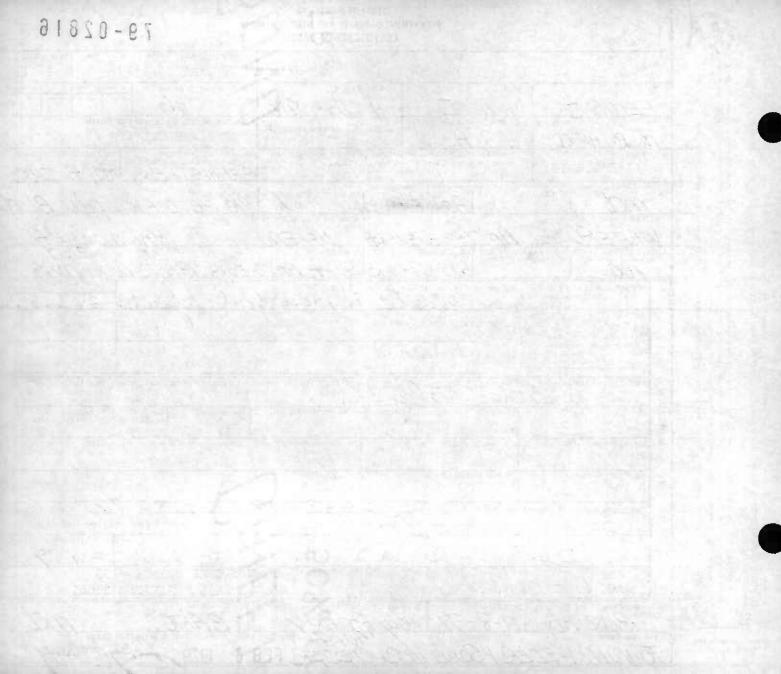
79-02816

	CEASED NAME OR PRINT)	FIRST		AIDDLE		AST		DATE OF DEATH			YE AR	2b. HOU	
		MARTHA		THERESA		AN DR ZE JI		FE BRUAR Y		79		9:18	P,
3. SE>		4	RACE		5. DATE C		EAR.	AGE (IN YEARS LAST BI	RTHDAY)	MONTHS	DAYS	IF UNDER	24 HRS MIN
1	EMAN	_	Whi	TE	4	24-19	18	4	YRS.				
	RTHPLACE (STATE OR	FOREIGN 76	CITIZEN OF V	WHAT COUNTRY	? 8 MARRIEI	D NEVER MARR	IED 19.	BALTIMORE CITY					
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	GLEN BUR	NIE	NOR	THTARUNI	EL HOS	SPITAL		USUAL OCCUPATIVE OF WORK FOR MOST		IFE) 12b. I	KIND OF USTRY	BUSINE	ss o
13a. S	AL RESIDÊNCE (IF NU TATE	13b COUNT	THER INSTITUTION,	ANDRE		13d. INSIDE CITY LI	# 1	STREET ADDRESS	O RA	mas	ads	16	2/
1 FA	THER'S NAME	MIC	And	PZ JUB	WSHA	M. MOTHER'S MAI	DEN NAME	WIDDLE	KAN	link	LAST	SH	7
	VAS DECEASED EVE ES, NO OR UNKNOWN)	R IN U.S. ARME		317-07	URITY NO.	17. INFORMANT	nick	EWS G	ALTO	ARK	BL	10%.	S
	PART I. DEATH	WAS CAUSED	BY:	line for (a), (b), a	To.	Myoca	ende	al dy	luco	Sily BE	24	NATE INTER	DEATH
	Conditions, if on gove rise to in couse (a), statunderlying couse	nmediote ing the	DUE TO, OR	AS A CONSEOU				/					
IION	gove rise to in couse (0), stat underlying cous	nmediote ring the se lost	(b) DUE TO, OR	RAS A CONSEOU	JENCE OF	NOT RELATED TO T	HE TERMINA	NL DISEASE OR COM	NDITION GI	VEN IN P	ART 1(o	1	
TIFICATION	gove rise to in couse (0), stat underlying cous	nmediate ring the se lost	(b) DUE TO, OR	NAS A CONSEOU	DEATH BU	NOT RELATED TO THE		AL DISEASE OR COP	20b. IF YE	VEN IN P.	FINDIN	GS USE	
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MEDICAL CERTIFICATION	gove rise to in couse (o), stot underlying couse PART 2 OTHER SIGN 190 DATE OF OPER. 210. ACCIDENT WAS UP OR CONTRIBUTING (IF EITHER, NOTIFY MED) 21d. INJURY OCCUI	mmediate ring the se lost SNIFICANT CO ATION NDERLYING CAUSE OF DEATH ICAL EXAMINER) RRED	DUE TO, OR (c) NDITIONS CO 19b. CONDIT 21b. TIME OF HOUR A.A. 21e. PLACE C	E AS A CONSEQUENT RIBUTING TO MELLING TON FOR WHICH	DEATH BUT H OPERATION DAY YEAR	N WAS PERFORMED)	200 AUTOPSY?	20b. IF YE IN CERT Y URY IN ITEM 18,	ES, WERE IFYING C.	FINDINAUSES (GS USED OF DEAT NO	
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BP______ DHMH - 16 50M 7/77 (VR A 15 (4))

retained by the hospital or attending physician.

TO HOSPITAL



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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR FIRST DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED Harold Barthel 3. SEX 4. RACE 6. AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS 7d HOUR 2c. DATE 9:15F PRONOUNCED Male White DEAD 11 1979 To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED Anne Arundel County, D. CITY OR TOWN OF DEATH OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Delmar Dr. Edgewater SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION). 13d. INSIDE CITY LIMITS? ONDO NTOWN & 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME FIRST CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Gunshot wound of head IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D. AUTOPSY? E 3 SHOULD BE USE E DEPARTMENT OF PRIOR TO BURIAL, C YES T NO [210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL 11 19 79 self inflicted CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME. 21f. LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) STATE COUNTY home 605 Delmar Dr. Edgeater MD 22a, I certify that I took charge of the remains described above, held an Autopsy Inquiry ond in my opinion Homicide Undetermined monner death resulted from TITLE (SPECIFY) ACTUAL TO FUNERAL DAFTER DEATH, BALTIMORE, MA M.D.Deputy Chiefedical Examiner SIGNATURE EXAMINER'S NAME Thomas D. Smith, M.D. 111 Penn St. Balto., MD. TYPE OR PRINT) ADDRESS BP **DHMH-17** (VR A15 ME (5)) 15M 7/76

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-P. SEX DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 IE LINDER 24 HRS DATE 69 YPC Dec. 24,1909 PRONOUNCED DEAD 7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY) b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Hawaii USA DIVORCED 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION STYPE OF WORK 10. CITWOR TOWN OF DEATH 12b. KIND OF BUSINESS FOR MOST OF WORKING UFE)
HOUSEWIFE Own Home USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INS 130. STATE Md. 13b. COUNTY Glen Burnie 7885 Gordon Court NO A OF-VITAL 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Si Tva Joseph ALUNA PERMIT, PAGE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Son ADDRESS (YES, NO, OR UNKNOWN) Becker, 403 Azalea Street Col Fanama Cityangroxidale Overvice BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY AND MENTAL HYGIENE, ON, OR REMOVAL. IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. ATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 196 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF BURIAL 3 SHOULD BE I YES NO X 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH PRIOR . 21e. PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED 21f. LOCATION WHILE AT WORK AT WORK STREET, FACTORY, FARM, ETC. STREET CITY OF TOWN COUNTY STATE SHOULD BE FOR 220. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion deoth resulted from Accident Homicide Undetermined manner TITLE (SPECIFY TO MEDICAL EXECUTE THE C PAGE 4 SHOUL TO FUNERAL D AFTER DEATH, V BALTJANORE, MA ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) 23g BURIAL, CREMATION REMOVAL 23d. LOCATION Feb. Arlington Nat'1 Arlington, Burial Virgonia BP 250 DATE REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 736. REGISTRAR'S SIGNATURE **DHMH-17** (VR A15 ME (5)) Kirkley Glen Burnie 15M 7/77

STATE OF MARYLAND 79-02820 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH DECEASED NAME 2b. HOUR (TYPE OR PRINT) AMIE 4 RACE AGE (INTEARS LAST BIRTHOAY) IF UNDER I YEAR 3 SEX HOURS BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OF FORFIGN MARRIED NEVER MARRIED COUNTRY RUNDEL DIVORCED [11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 12a USUAL OCCUPATION 17b. KIND OF BUSINESS OR IN SUCH FACILITY, GIVE STREET ADDRESS! TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY NNAPOLIS DIPT. STOKE GENER POLIS W. PRESTON ST., BALTIMORE, MARYLAND 2120 filled in ould be JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION COUNTY 1 Severn 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Anne Arundel Maryland 1701 Carriage Circle 15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME 2 MIDDLE TAST MIDDLE Antionia Salvador Unk. Caruso ADDRESS In WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 579-16-3498 Raymond H. Bellman same as APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH paper CAUSE OF DEATH (Enter only one couse per line for la), (b) PART I. DEATH WAS CAUSED BY: 27 IMMEDIATE CAUSE ONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS underlying couse DIVISION OF VITAL RECORDS, 201 0 ā PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART CERTIFICATION 0 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? à IN CERTIFYING CAUSES OF DEATH? be NOF YES [18 show as the burial-transit certificate 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH or Item MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21f LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CILY OR TOWN COUNTY STATE WHILE NOT WHILE [AT WORK 220.1 certify that (I) (this haspital) attended the deceased from DIRECTO sow the deceased ofive on and that in (my) to printed death accurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death If Item Dept. 22h SIGNATURE DEGREE 22c. DATE SIGNED TO FUNERAL DIS should be detach with the State De ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN MPORTANT 22d PHYSICIAN'S NAME (TYPE OF PRINT 22e. ADDRESS 231. NAME OF CEMETERY OR GREMATORY 230 BURIAL CREMATION, REMOVAL 23b. DATE 23d. LOCATION Buria1 CITY OR TOWN COUNTY 2/16/79 Md. National Mem. Hark Laurel BP. P.G. Co. Md. 24 FUNERAL DIRECTOR FLECK LAUREL FUNERAL HOMES INC. DHMH - 16 50M 1/76 6 FEB (VR A 15 (4)) 7601 Sandy Spring Rd. Laurel. Md. 20810

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THE SECTION OF STREET, I WANTED

	FOR 1 te STATE REGISTRAF	ms 12a,12b		DICAL EXAMINE	ER'S CE	RTIFICATE OF		REG. NO. 9	-02822
E C	DECEASED NA (TYPE OR PRINT)	Lorena		MIDDLE .	Birc		2a. DATE KN OF E DEATH M	OWN A MONT	23 ₁₉ 79 _M
3.	female	4. RACE white	5. DATE OF BIRTH MONTH DAY 7 AUG 3		Y) MONTHS		PRONOUNCE DEAD	2	19. I M
5	o. BIRTHPLACE FOREIGN COUNT Penn	(STATE OR RY)	U.S.A.		WIDOWE	NEVER MARRIE	Anne A	rundel	
C	CITY OR TOV	- /	Wooded ar	ea adj. to	Valle	y RdBW.	12 Susual Occupa Lionemak	ON (TYPE OF WOR	12b. KIND OF BUSINESS OR INDUSTRY Advertising
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0		d C. Myers		LAST		5. MOTHER'S MAIDEN Dorothe 7. INFORMANT	a MIDD	M. Sch	aildkamp
2	YENO. OR UN	ASED EVER IN U.S. ARA	MED FORCES?	215 32 981			Heegan 11		Ake Avenue
	Cana gave causs lying	itians, if any, which rise to immediate (a) stating the <u>under-</u> cause last.	CAUSE (a) IV. DUE TO, OR (b) DUE TO, OR (c)	TUITIPLE INJ AS A CONSEQUENCE C AS A CONSEQUENCE C	DF DF		(1 (a),		BETWEEN ONSET AND DEATH
-	19a. DATE	OF OPERATION	19b. CONDIT	ION FOR WHICH OPER	ATION WA	S PERFORMED?			20. AUTOPSY? YES 🔀 NO 🗌
3		RNAL CAUSE WAS ING OR UTING CAUSE OF I	DEATH 8 P.M	MONTH DAY YEAR 2-23- 1979	Pas	senger in	enter nature of injur		R PART 2)
5	13.3	NOT WHILE AT WORK	STREET GACT	OF INJURY (AT HOME, ORY, FARM, ETC.) REPORT	Val	ey Rd I	BWI CITY OR TOWN	An	ne Arundel Md
03	death re ACTUAL SIGNATU	IRE	ral causes ,	Accident X, Sui	Autopsy icide	Hamicide TITLE (SPECIFY) Assistant	Undetermined mann	To the last	
2 Sall	(TYPE OR	PRINZ)	nn M. Dixo 36 DATE 1 MAR 79	23c. NAME OF CEA	AETERY OR	CREMATORY	Penn St. 23d LOCATION CITY OR TOWN Catonsvi		COUNTY STATE
17 (5))	24. FUNERAL D		ADDRESS	ia & York F	-	25a. DATE R	EC'D. BY REGISTRAR 2.8 1979		AS SGN TURE

Items #12acc21d F11m G529 3/15/19 STATE OF MARYLAND

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1. (REGISTRAR DECEASED NA			MIDDLE W.		rch	CATE OF	20. D	DATE KN	REG. NO.		DAY 23 1	8 Z YEAR 1979	2b. HOUR
z m	ale BIRTHPLACE	4 RACE white	5. DATE OF BIRTH	YEAR LAST BI	LLYRS.	HS DAYS	IF UNDER 24 HOURS M	AIN. PRO	DATE NOUNCE DEAD	D RECITY OF	MONTH 2	23	YEAR 1979	2d. HOUR 10 10
00	Mary] CITY OR TOW	N OF DEATH	U.S.A. 11. NAME OF HOSP (IF NOT IN SUCH FACE WOODLED are	LITY, GIVE STREET ADDR	OME, OR OTH	ER INSTITUT	DIVORCED	2a. USUAL C	OCCUPAT			12b. KIN OR	INDUSTR	MD. SINESS LY ising
235	Maryla FATHER'S NA	and Bal	or other institution, give ity timore	RESIDENCE BEFORE AD 13c. CITY OR TOW Cockeys	VN	13d. INSIDE CI	TY LIMITS? 13 NO 🛣	Le Be			2	1030		
30	Cla	cence	MED FORCES? WAR OR DATES)	Birch 16b. SOCIAL SECTION 32		Ide	IRST			ADDRESS		Palm		- 24
/AL.	18. CAUSI PART I	OF DEATH (Enter on DEATH WAS CAUSE	ly one cause per line f D BY: TE CAUSE (a)) njuries		Delaic	i neeg	gan I	TOT W	A • Tieri	T APE	PROXIMATE	
CREMATION, OR REMOVA	gave cause lying	rise to immediate (a) stating the <u>under-</u> cause last.		S A CONSEQUEN		E OR CONDITION	N GIVEN IN PART 1	l (a).						
13	19a. DATE	OF OPERATION		ON FOR WHICH ('AS PERFOR	MED?						UTOPSY?	NO 🗆
3	UNDERLYI CONTRIBI 21d. INJUR	NAL CAUSE WAS NG OR OTHER OTHER	21e. PLACE OF	MONTH DAY 2-23- 19 FINJURY (AT HOA RY, FARM, ETC.)	AE, 21f. LO	ssenge	occurred er in a	airpla		erash.	•	NATA		STATE
03-	AT WORK	ulted fram: Natu	ge of the remains descr	Accident X,	-	sy X, Hamic	PECIFY) sistan	, In	nquiryned mann	, and	nne.	Arun	del 26-7	Md.
	BURIAL, CREA	nation, REMOVAL	23b. DATE 1 Mar 79	23c. NAME OI	ew Cre	R CREMATO	7		nsvi	lle,	Md.	JNTY	st	ATE
-	FUNERAL DI		on Padonia	& York	Roads		FEB 2	28 19	79	Jish. Stray	Fray	Mill	resoly	

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FOR **DEPARTMENT OF HEALTH AND MENTAL HYGIENE** - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED SEX IF UNDER 24 HRS 2d. HOUR 2c. DATE LAST BIRTHDAY) PRONOUNCED CLYHITE DEAD To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED WIDOWED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY TAFFINE AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 13d. INSUE CITY LIMITS? 13e. STREET ADDRESS HOLIDAU MEBEL DIVISION OF WITAL 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST DEORG UDITH 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. INFORMANT **ADDRESS** PAGES (YES, NO. OR UNKNOWN) SAME CAUSE OF DEATH (Enter only one cause per line for (a) APPROXIMATE INTERVAL ISIT PERMIT. I (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions if any, which USED AS A BURIAL-TRAN! OF HEALTH AND MENTAL I. CREMATION, OR REMON gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) IFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF RWARDED TO THE CH PAGE 3 SHOULD BE U STATE DEPARTMENT O BURIAL YES [NO [CERTI 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 21d. INJURY OCCURRED 21f. LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN COUNTY STATE TO MEDICAL EXAMINER:
EXECUTE THE CERTIFICATE
PAGE 4 SHOULD BE FOR
TO FUNERAL DIRECTOR:
AFTER DEATH, WITH THE S
BALLIMORE, MARYLAND, 2 22a. I certify that I took charge of the remains de scribed abave, held an Autopsy Inspection and in my apinian death resulted fro Suicide Hamicide Undetermined manner ACTUAL SIGNATUR SIGNED **EXAMINER'S NAME** (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 23b. DATE BP. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH-17** (VR A15 ME (5)) 15M 7/77

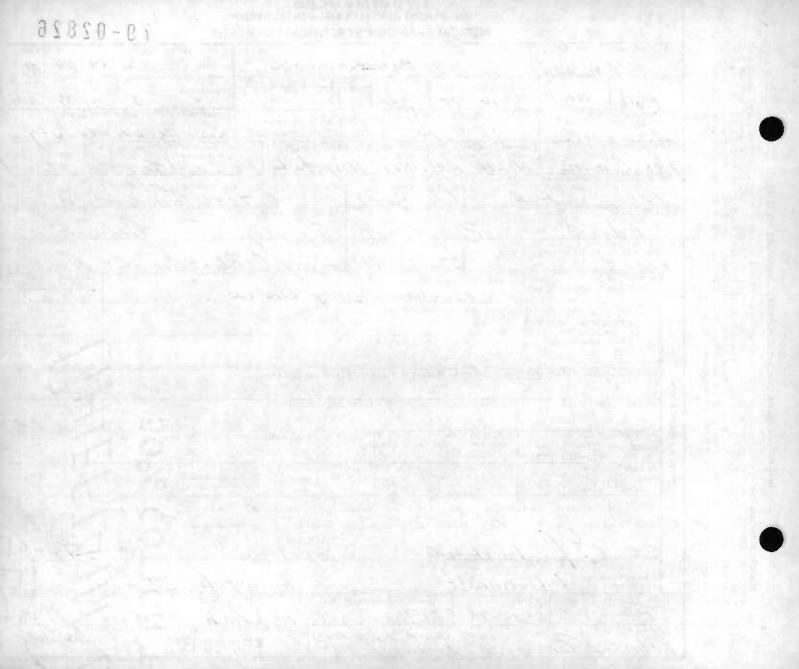
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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME MIDDLE 20. DATE KNOWN 2b. HOUR (TYPE OR PRINT) OF ESTI-1979 BLASKOWIAK DEATH MATED SEX 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. YEAR IF UNDER 24 HRS. DAY DATE 2d HOUR 20. MONTH DAY YEAR LAST BIRTHDAY) PRONOUNCED 46 FUNERAL DIE Z 16 3 TYRS DEAD 179 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED Hume PLEINGE CITY OR TOWN OF DEATH II, NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY HOULD BE SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b COUNTY GITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS NO D A Pr. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST 160. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT 166 SOCIAL SECURITY NO **ADDRESS** DIVISION (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL CAUSE OF DEATH (Enter anly one cause per live for (a), (b), and (c),) SIT PERMIT. HYGIENE, D BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY 15CdSC udd GKONAR4 IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF REMOVAL Candifians if any, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. USED AS A BURIA OF HEALTH AND A PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH DUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D. AUTOPSY? RWARDED TO THE CHILLS
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STATE DEPARTMENT OF H
21201 PRIOR TO BURIAL, CI YES NO 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 19 21e PLACE OF INJURY (AT HOME. 21d. INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE STATE D AT WORK AT WORK NOT WHILE ULD BE FORV 220. I certify that I taak charge of the remains described above, held an PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE SALTIMORE, MARYLAND, 2 Autapsy Inspection and in my apinion death resulted fram: Accident Suicide Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY BP. 24 FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE 25a. DATE REC'D. BY REGISTRAR **DHMH-17** ADDRESS (VR A15 ME (5)) nnico 15M 7/77



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20. DATE KNOWN DECEASED NAME ROCER KENTH OF ESTI-LTYPE OR PRINT) Roger. DEATH MATED DATE OF BIRTH 4 RACE 6. AGE IN YEARS IF UNDER 24 HRS. 3. SEX DATE LAST BIRTHDAY PRONOLINCED 1979 24 57 DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH 7h CITIZEN OF WHAT COUNTRY? To BIRTHPLACE ISTATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) WIDOWED DIVORCED West Virginia OR INDUSTRY Roofing C. onst. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13h COUNTY 13c CITY OR TOWN 13a. STATE Bladensburg Md. NO [5110 Upshur St. Pr. Geo YES S 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE MIDDLE EAST Blevins Peggy Sue Hammond WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166 SOCIAL SECURITY NO. ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 76 6086 Peggy S. Blevins Same as n/a no APPROPRIATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) AS A CONSEQUENCE OF DUE TO Canditions, if any, which gave rise to immediate cause (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 20. AUTOPSY? 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? YES 🗍 NO C E 3 SHOULD BE DEPARTMENT PRIOR TO BURIA 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 214. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART HOUR A.M. MONTH DAY YEAR 26 1979 CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) BANKS 3473 MANASSAS.L Inspection 22a. I certify that I took charge of the remains described above, held an Autapsy and in my opinian death resulted fram: Natural causes Accident Hamicide Undetermined manner DIRECT TITLE (SPECIFY 2126.79 EXAMINER'S NAME 736 NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION REMOVAL 236 DATE COUNTY 01 Mar 79 Ft. Lincoln Cemetery Brentwood, Md. Burial 24. FUNERAL DIRECTOR Robert G. Beall Funeral Home propry Mc reads **DHMH-17** (VR A15 ME (5)) 9013 Annapolis Rd. Lanham, Md. 20801 9 15M 7/76

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO FIRST Matilda MIDDLE nmn 20 DATE OF DEATH DECEASED NAME BLOCKSTON 2b HOUR (TYPE OR PRINT) NMN 4 RACE 5 DATE OF BIRTH 3 SEX 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER ! YEAR HOURS 6.1896 March 70 BIRTHPLACE 9 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT NEVER MARRIED U.S.A. ustria-Hungar DIVORCED WIDOWED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR TTYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Own-Home DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 (IF NURSING HOME OR OTHER INSTITUTION OVE RESIDENCE BEFORE ADMISSION) 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Jacob Dousha UNKNOWN ADDRESS Same WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT as (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Mrs. Anna M. Helferstav (Daughter 21 2-07-671 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY 1 Wear IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENT OF CUO Conditions, if ony, which gave rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 90 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 28n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES [NO F 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE AT WORK AT WORK 220.1 certify that (1) (this hospital) attended the deceased from and that in (my Our) opinion death occurred on the date and hour and from the causes stated (did not) view the body ofter death DIREC 22b. SIGNATURE DEGREE 22c. DATE SIGNED ± ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS ld b 4000 0 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION COUNTY STATE (SPECIFY) Burial 14 FEB 179 BP Cedar rooklyn 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 1/75 ADDRESS (VR A 15 (4))

GLEN BURNIE, MDFFR

FUNERAL HOME.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Address bents process to the transfer of the day of the

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR . DECEASED NAME MIDDLE Marion **John** LAST BREHM 20. DATE KNOWN 7h HOUR (TYPE OR PRINT) ESTI-DEATH MATED 75 1979 3. SEX 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE 2d HOUR YEAR AST BIRTHDAY FUNERAL DIRECT PRONOUNCED Male 74 15 04 DEAD YRS FOR YO To BIRTHPLACE (STATE OR b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRYS Maryland U.S.A. WIDOWED [DIVORCED LED, 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY Painter Housing 13b. COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS GlenBurnie AnneArundel Maryland Witt Drive NO X YES 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST OF KIT Hanks Mollie George Brehm ADDRESSSame as # 13 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17. INFORMANT DIVISION YES, NO. OR UNKNOWN) LIE VES GIVE WAR OF DATES 215-10-9427 Mrs. Gertrude M. Carender (Niece) N/A NO CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). N ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF BURIAL-TRANSIT REMOVAL Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) ED AS A I CERTIFICATION OF HEA 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? PRIOR TO BURIAL, YES NO [3 SHOULD BE 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 21e. PLACE OF INJURY (ATHOME, 21d INJURY OCCURRED 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE AT WORK AT WORK CITY OR TOWN COUNTY STATE 21201 PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: P
AFTER DEATH, WITH THE ST
BALTIMORE, MARYLAND, 21: 0 220. I certify that I took charge of the remains described above, held an Inspection Autopsy and in my apinian death resulted fra Suicide Hamicide Undetermined manner TITLE (SPECIFY ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23 LOCATION STATE Feb. 28,79 Glen Haven Mem. Pk. Burial Md. Glen Burnie A.A. BP. 24. FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH-17** Mickey /Kalrodo (VR A15 ME (5)) SINGLETON FUNERAL HOME. GLEN BURNIE.MD. 15M 7/77

79-02830 MAN 21 Tel - 9127 los Jertuses Larender (Checo. leb 28 79 had Have thr. Mr. winte M.L. 1Md.

19-02831

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-Vincent DEATH MATED Godfrev Burns 3. SEX 4. RACE 6. AGE IN YEARS IF UNDER 1 YR. IF UNDER 24 HR 2d. HOUR DATE FUNERAL DIRECT S FOR YOUR F LAST BIRTHDAY PRONOUNCED 1893 Male DEAD WITHIN 72 PRESTON Caucasian Oct. 8 SYRS 7b. CITIZEN OF WHAT COUNTRY? 70. BIRTHPLACE ISTATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY MARRIED NEVER MARRIED New York USA DIVORCED X WIDOWED Anne Arundel AGE FILED, W AND 3 TO THE F B. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION TYPE OF WORK 126. KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY IN SUCH FACILITY, GIVE STREET ADDRESS Epping Forest Epping Poet Laureate Retired SHOULD BE ORDS USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Maryland Anne Arundel 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Annapolis NO M 120 Epping Way 쌆 OFWIAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME GES 1, 2 MIDDLE FIRST MIDDLE LAST AND Rossberg James Howard Burns Katherine 1826 Metzerott Rd ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 7. INFORMANT DIVISION GIVE WAR OR DATES IYES, NO, OR UNKNOWN) Vincent H. Burns - Son - Adehphi, Md Tes 572-40-0177 CAUSE OF DEATH (Enter only one cause per line for (o); (b), and (c) BETWEEN ONSET AND DEATH PRESTON ST., PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (c DUE TO, OR AS A CONSEQUENCE OF BURIAL-TRANSIT Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. AND SED AS A BUR HEALTH AND CREMATION, O PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 2B. AUTOPSY? OF YES BURIAL NO X BE DEPARTMENT 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) SHOULD HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M PRIOR 21e PLACE OF INJURY LATHOME. 21d. INJURY OCCURRED 21f LOCATION WARDED STREET, FACTORY, FARM, ETC.) STREET STATE CITY OR TOWN COUNTY WHILE AT WORK 212011 PAGE 4 SHOULD BE FORV
TO FUNERAL DIRECTOR: P
AFTER DEATH, WITH THE ST
BALTIMORE, MARYLAND, 21 22a. I certify that I took charge of the remains described above, held an Autopsy and in my apinion death resulted fram: Hamicide Undetermined manner TITLE (SPECIFY ACTUAL SIGNATURE MEDICAL EXAMINER SIGNED EXAMINER'S NAME Elmer G. Linhardt 3 Chesapeake Ave. Annapolis (TYPE OR PRINT) 23a.BURIAL, CREMATION, REMOVAL 23b. DATE 23t, NAME OF CEMETERY OR CREMATORY (SPECIFY Cremation Alexandria, Metropolitan Crematory Feb 4 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 25a, DATE REC'D, BY REGISTRAR **DHMH - 17** Home. West St., Anna., Md. (VR A15 ME (5)) 30M 7/73

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-02833

	REGISTRAR					ICATE OF DEATH	REG.	NO.	L. 3. 1.			
	DECEASED NAME TYPE OR PRINT)	HERBE	ERT	James J.		USH SR.	FEBRUA	MONTH	1979	26. HOUR 5:20 A		
3	sex male	4	RACE	white	5. DATE O	• 31 ^{AY} , 1928	6. AGE (IN YEARS LAST B	IRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN		
5 70	BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN			WHAT COUNTRY?	MARRIED WIDOWE	D DIVORCED	ANNE A	9. BALTIMORE CITY OF DE ANNE ARUNDEL C				
1	GLEN BURN	NIE	NORT IN SI	H ARUNDE	L HO	SPITAL	120. USUAL OCCUPA ITYPE OF WORK FOR MOST Clerk		LIFE) INDUSTRY	Grocer		
13	SUAL RESIDENCE IF NO BO STATE MD	13b COUNTY	Υ	I GIVE RESIDENCE BEFORE 134. CITY OR TOW Glen Bu	N . 1	13d INSIDE CITY LIMITS?		Manni	ng Rd.			
21	Willia	m	DDLE	Bush		15. MOTHER'S MAIDEN N Marth	a. MIDDLE		unkn	own		
16	(YES, NO OR UNKNOWN)	(IF YES, GIVE W		217/24/		Mrs. Dor	is N. Busl	ress ı (wi		me as		
	11600			A	0							
2		mmediote ting the use lost	(b)_ DUE TO, (c)_	OR AS A CONSEQUE	4 d ENCLOF	Colon-	MINAL DISEASE OR CO	NDITION G	IVEN IN PART 16	0)		
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24. FUNERAL DIRECTOR

Glen Burnie MD FFR 5

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR LAST 2a. DATE OF DEATH I. DECEASED NAME poge 3 (TYPE OR PRINT) Dorothy Carrol: 5. DATE OF BIRTH IF UNDER 24 HRS 3 SEX 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH YEAR HOURS 12 1920 Female Cauc. To. BIRTHPLACE ISTATE OR FOREIGN Th. CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED A NEVER MARRIED COUNTRY Texas WIDOWED DIVORCED [A.A. Co. 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Anne Arundel Gen. Hospital Housewife Annapolis BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a. STATE 13b. COUNTY 13c. CITY OR TOWN 13e. STREET ADDRESS 13d INSIDE CITY LIMITS? 3401 Larkington Dr. Edgewater Md A.A. Co Edgewater NO X 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME C MIDDLE LAST WIDDIE FIRST ? ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT [YES, NO OR UNKNOWN] (IF YES, GIVE WAR OR DATES) 34 2288 578 same as 13e No Charles H. Carroll APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT physicio 18. CAUSE OF DEATH Enter only one couse per line for (a), (a), and (c). PART I, DEATH WAS CAUSED BY -10 mer DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., IMMEDIATE CAUSE (o or other troum Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. a PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 CERTIFICATION 0 prior 90. DATE OF OPERATION CONDITION FOR WHICH OPERATION WAS PERFORMED 28a AUTOPSY? 206. IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? Mentol Hygiene resuls NOP YES [NO [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 2 Ic. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 iol-tro HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH morked or Item MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (I) (this haspital) attended the deceased from 79, and that in (my) (ear) opinion death occurred on the date and hour and from the sow the deceased alive on courses stated obove, (1) (we) (did not) view the body after death If Item 226. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF should be deto with the Stote [PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22d. PHYSICIAN'S NAME TYPE OF PRINTI 22e ADDRESS umon 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE COUNTY STATE (SPECIFY) Lakemont Cem. 2-12-79 Davidsonville Md. Burial A.A. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DHMH-16 60M 1/73 ADDRESS (VR A 15 (4)) Hardestvv 12 Ridgely Ave. Annapolis Md

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME 20. DATE OF DEATH MONTH (TYPE OR PRINT) JAMES CAULK February 24, 1979 M. 8:40 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS DAYS HOURS To. BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 75 CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED Baltimore, Md USA Anne Arundel County WIDOWED DIVORCED [O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
North Arundel Hospital (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Glen Burnie Agt.-Ret. Home Beneficial JSUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) Ins. Co. 13b. COUNTY 13t. CITY OR TOWN 13d. INSIDE CITY LIMITS? Md. Glen Burnie Langley Road 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Caulk Molfie MIDDLE Smith Charles 6a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO OR UNKNOWN) Wife- Adelaide Caulk, same as 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond(c).
PART I. DEATH WAS CAUSED BY: my reardial va IMMEDIATE CAUSE Canditions, if any, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) CATION 19n DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? 20b IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? NO YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21f. LOCATION 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 22a | certify that (1) (this hospital) attended the dece sow the deceased alive a and that in (my) (our) apinion death occurred on the date and hour and from the causes stated (I) (we) (did) (did not) view the body ofter death DEGREE 22c. DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22d PAYSICIAN'S NAME (TYPE OF PAINT) 22e. ADDRESS 325 Hospital Drive, #207 JORGE B. RAMIREZ. MD. Glen Burnie, Maryland, 21061 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23t. NAME OF CEMETERY OR CREMATORY Burial STATE COUNTY Glen Haven Mem.Pk. Feb.79 Glen Burne 24. FUNERAL DIRECTOR James

S. Kirkley, Glen Burnie, Md.

DHMH-16 50M 7/77 (VRA 15(4))

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IMPORTANT: If Hem 21 is marked an Item 18 shaws any injury, an ather traumatic event, the medical examine, must be hatfied about

STATE OF MARYLAND

+	1	STATE REGISTRAR	DEPA	CERTIFICAT	REG. NO	-021	338		
		CEASED NAME FIRST PRINTING PRINT PRINT PRINTING PRINT PRI	III N.S	. LAST		20 DATE OF DEATH	MONTH DAY	YEAR	26. HOUR 10 30/DM
	3. SEX	Š)	(RACE	5. DATE OF BIRT	H LAY YEAR 40	6. AGE (IN YEARS LAST BIRTH	HDAY) IF L	THS DAYS	IF UNDER 24 HRS HOURS MIN.
47	CC	RTHPLACE (STATE OR FOREIGN DUNTRY)	The Stizen of what country S. A.	MARRIED WIDOWED	NEVER MARRIED DIVORCED	ANNE E) sould	de/	MD
53	6	WND DO 15	11. NAME OF HOSPITAL, NUR	REET ADDRESS)	HER INSTITUTION	120. USUAL OCCUPATION OF MOST OF		126. KIND OI INDUSTRY	F BUSINESS OR
31	13a S	AL RESIDENCE (IF NURSING HOME OF	AND STREET INSTITUTION, GIVE RESIDENCE BE	70/16 YES	NSIDE CITY LIMITS?	200 Be	NS	Dy.	
12/		MACK	H. Collis	NS NS	FIRST	e MIDINET	3000	WA	i
1	16a V		MED FORCES? 166 SOCIAL SI E WAR OR DATES) 240-3	86837E	Braldine Co	allins - A	CBUNN8P		"Md.
	8.18	PART I. DEATH WAS CAUSE	nly ane couse per line far joi, (b). D BY: TE CAUSE (0)		nest			BETWEEN C	MATE INTERVAL DISET AND DEATH
		Conditions, if ony, which	DUE TO, OR AS A CONSE	QUENCE OF my	pally			51	R
		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE	QUENCE OF					
	TION		Conditions <u>contributing</u>		MN-118-3				
9	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WH			200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	IG CAUSES	OF DEATH?
9	EDICAL CE	2] B. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR		ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART	1 OR PART 2)	
	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI		LOCATION STREET	CITY OR TOW	N d-	COUNTY	STATE
		saw the deceased alive an	tol) ottended the deceased fro	7 77	t in (my) (our) opinian c	death occurred an the do	te and hour or	nd from the	
		22b. SIGNATURE	1.6	DEGR	ATTENDING	MEDICAL STAP		22c. DATE	SIGNED
1		22d. PHYSICIAN'S NAME (TYPE C	PRINT)	22 e	ADDRESS				
	23a. B	BURIAL, CREMATION, REMOVAL	23b. DATE	31 NAME OF CEMET	ERY OR CREMATORY	23d. LOCATION			

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DHMH - 16 50M 7/77 (VR A 15 (4))

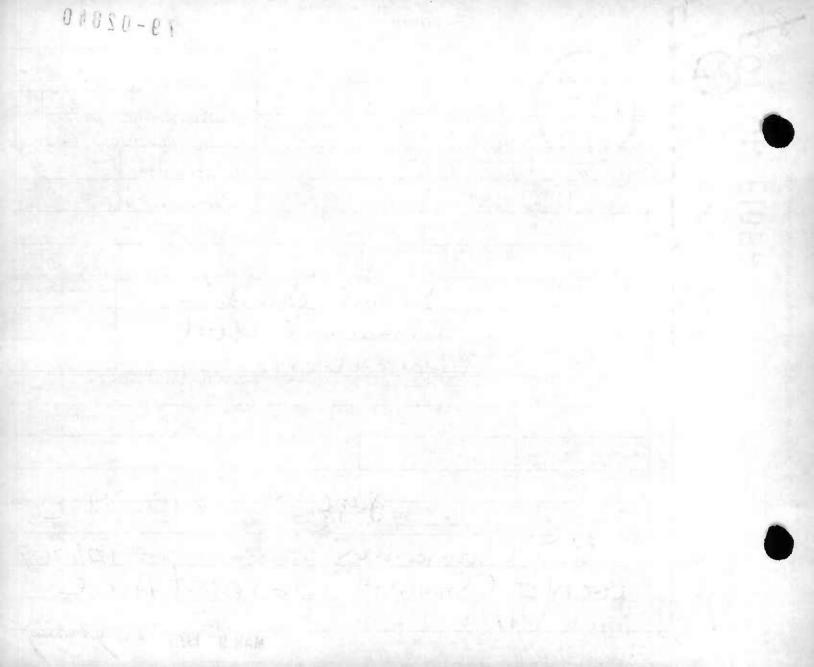
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	tem #5&6 Film G531 5/2/79 rc	STATE OF MARYLAND		
1 -	FOR STATE REGISTRAR	ARTMENT OF HEALTH AND MENTAL HYGII CERTIFICATE OF DEATH		79-02839
	CEASED NAME FIRST MIDDLE	1 POOLS	REG. NO 20. DATE OF DEATH	MONTH DAY YEAR 26. HOUR
3. SE)	Bertha Sprigg	S DATE OF BIRTH DAY 1826	6 ABEZ(IN YEARS LAST BIRTI	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
Zo Bi	FEMALE NEGRO RTHPLACE (STATE OR FOREIGN 176 CITIZEN OF WHAT COUN	9 30 8-7	P RAITIMOPECITY O	YRS. R COUNTY OF DEATH
	Md U.S.A	MARRIED NEVER MARRIED WIDOWED DIVORCED	A. A.	× 0 M
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USU A 13a. S	AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE 136. CITY OR	BEFORE ADMISSION) TOWN , 13d INSIDE CITY LIMITS?	130 STREET ADDRESS	1. c+0
14 FA	THER'S NAME FIRST MIDDLE LAST	15. MOTHER'S MAIDEN NAM		Le SI MANAPOLIS
221	SAMUEL LINKS SDI	1995 France	S LAKE	CArpenter
) 16a. W	VAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL ES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	SECURITY NO. 17. INFORMANT	ADDRE U	65 V
	18 CAUSE OF DEATH Enter only one couse per line for (o), (b)	or, and (c.)	L HPRIII	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	PNEUMONIA		5 DAYS
	0389 DUE TO, OR AS A CONS	EQUENCE OF SEPTICEMIA		10 DAYS
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	underlying cause last (c)			
Z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING ARTHUR 10 SCLEROTIC (A)	2016 VASCUAR DE	HAL DISEASE OR CONI	DITION GIVEN IN PART 1(0)
CERTIFICATION		HICH OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
ERT	210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY	121c. HOW INJURY OCCURRE	YES NO	YES NO YES NO YES NO NO YES NO
	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH	DAY YEAR		
	(IF EITHER, NOTIFY MEDICAL EXAMINER) P.M.	19		
	(IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY	19 211 LOCATION	CITY OR TOW	n COUNTY STATE
MEDICAL C	(IF ETHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OI	19 211 LOCATION STREET	-500	N COUNTY STATE
	(IF ETHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK 220.1 certify that (1) (this hospital) attended the deceased for the	19 211 LOCATION STREET	to_FCB	25 , 19 77 , that (i) we) lo
	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK 220.1 certify that (1) (this hospital) attended the degreesed for	19 211 LOCATION STREET	to_FCB	TOUNTY STATE 19 , that (1) we) love and hour and from the causes stated 22c. DATE SIGNED
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STATE OF MARYLAND 79-02842 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME DE PLEASE PARTY DIE DRAPSK 20. DATE OF DEATH 26 HOUR SEX 4 RACE PATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER 24 HRS MONTH BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OF COUNTY OF DEATH OF WHAT COUNTRY MARRIED NEVER MARRIED COUNTRY) Ann Arundel Penna. U.S.A. WIDOWEDOK DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) DEWORK FOR MOST OF WORKING LIFE) INDUSTRY School DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 by Ann Arundel eneral Hospital JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 138 COUNTY Washington 13e STREET ADDRESS filled buld b 13d. INSIDE CITY LIMITS? D.C. 1521--35th St.. N.W. NOF 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Elmer Cole Fannie B Beardsley John. Maryland. 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Rev. David Cole. 7640 Tomlinson Ave., Cabin 577-56-7610 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (q), (b), and (c) PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) CERTIFICATION NDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED à IN CERTIFYING CAUSES OF DEATH? YES [NO F Sho the burial-transit and Mental Hygie 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) Item 18 s HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 211 LOCATION ö 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE AT WORK AT WORK 220.1 certify that (1)(this hospital) attended the deceased from sow the deceased alive on above (h)(we) (did)(did ha) and that in (my) (our) opinion death occurred on the date and hour and from the causes stated view the body ofter death 226. SIGNATURE DEGREE 22c. DATE SIGNED ± ATTENDING MEDICAL ld be deta the State PHYSICIAN PIDIRECTOR PHYSICIAN MPORTANT 22d. PHYSIC AN'S NAME ITYPE OF PRINT 22e. ADDRESS shaul with 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION CITY OR TOWN STATE Burial Congressional Cemetery Washington 24 FUNERAL DIRECTOR SEPH GAWLER'S SONS INC. DHMH - 16 50M 1/76 (VR A 15 (4)) BI39 WISO, AVE N W WISCH

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7	RECTOR RECTOR HOURS STREET,	3. SEX		Robert	TE OF BIRTH	lorris 16. AGE (1	VEADO IE II	End .		DEATH N	ATED		1979 YEAR	AN
11		3. SEA	M a	MOI	NTH DAY	YEAR LAST BIR			FUNDER 24 HR	PRONOUNCE DEAD			1979	2d. HOUR
11,	4 1×70		RTHPLACE (STATE OR REIGN COUNTRY)	76. ⊂	ITIZEN OF WHA		Te.	IED NEVE	R MARRIED X	9. BALTIMO	RE CITY OR CO			/ M
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MD.	MATH.	14. EA	THER'S NAME MORRIS	MIDD	DLE	Eades	LEUR	15. MOTHER	'S MAIDEN NA	ME	el E	5	evell	
ORE,	PAGES 1	16a. V	AS DECEASED EVER	IN U.S. ARMED F	ORCES?	16b SOCIAL SECU	RITY NO.	17. INFORMA			ADDRESS	2	2000 1226	
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ST., B	HOURS A 18. G JG WIT MIT. PA		18. CAUSE OF DEAT PART I DEATH W	AS CAUSED BY:	//		1.	to	Lance			BETW	PROXIMATE I	NTERVAL
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301 W.	ECUTED WI MI PENC AL EXAMIN BURIAL-TRA ND MENTA IN, OR REMI		cause (a) stating lying cause last.	the under-	(c)	S A CONSEQUEN	CE OF							
ORDS,	S A BI ATION	NO	PART 2 OTHER SIGHIFICAN	CONDITIONS CONTRIB	BUTING TO DEATH BU	HOT RELATED TO THE	ERMINAL OISEA	E OR CONDITION (GIVEN IN PART 1 (a).					
I REC	HIEF MI HIEF MI USED A OF HEAL	CERTIFICATION	19a. DATE OF OPERA	TION	196. CONDITIO	ON FOR WHICH O	PERATION	AS PERFORM	ED?	5 10 17		20. A	AUTOPSY?	
VITA	VOR VOR VOR VOR VOR VOR VOR VOR VOR VOR	RTE	21g. EXTERNAL CAUS	EWAS	21b. TIME OF II	LILIBY	121. 1	OW MAN IN CO.	CCURRED				YES 🗌	NO D
DIVISION OF VITAL RECORDS,	SHOUND TO SHOW	CALCE	UNDERLYING CONTRIBUTING	OR CAUSE OF DEATH	HOUR A.M.	MONTH DAY Y	EAR	OW INJURY C	CCORRED (ENI	ER NATURE OF INJUR	Y IN ITEM 18 PART 1	DR PART 2)		
DIVIS	WRITING WARDED TOWARDED TOWARDED TOWARDED TOWARDED TOWARDED TATE DEPARTMENTS TO THE DEPAR	MEDICAL	21d. INJURY OCCURE WHILE NOT AT WORK AT W	WHILE ORK	21e. PLACE OF STREET, FACTOR	INJURY (AT HOME BY, FARM, ETC.)		STREET		CITY OR TOWN		COUNTY		STATE
	CATE POR THE S			00		bed abave, held a		1	Inspection	Inquiry E		ny apinian		
	CERTIFICATION OF BE DIRECT WITH CARYLAY		death resulted fram	Notyfal cau	ises (L), A	ccident L,	Suicide	J., Hamicia TITLE (SPI		letermined man	ner [],			
	ALECHANDON MANAGEMAN		ACTUAL SIGNATURE	grown	aceth	3'	^	.D. Depa	do	EDICAL EXAMIN		ATE IGNED	-8.7	9
	AGE 4 SHOUNDER OF FUNE ALLIMORE, M.	1000	EXAMINER'S NAME (TYPE OR PRINT)	F.L.	upska	4		ADDRESS	Ann	opo la	in me	e		
	DY A PAR	23e.Bl	Burial Burial	,		23c. NAME OF	CEMETERY	R CREMATOR		COCATION ITY OR TOWN	. 4	e Arur	STA	M
	BP	24. FL	NERAL DIRECTOR			(edan [3/1	em.		mapoli.	The Measure	RESIDINAT	use !	ila.
	(VR A15 ME (5)) 15M 7/77	M	dully .H.	Mountair	2 & Tick	Neck Rd	s. Pas.	Md.	FR 13	19/9	/		1	

AT THE ACT OF THE PROPERTY OF THE PARTY OF T The second of th Plants - 182 W. How rakes 196 Jenicesse It. Jalla. ". BOLL AND THE SECOND CONTRACTOR OF THE SECOND C Section 2/1/1979 Codes Plant Con. Annua Lib Anne Cumie Lin. Moully. I. merica isomers were the

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1.	FOR - STATE REGISTRAR	DEPARTA		EALTH AND MENTAL HYG	IENE REG. NO	79.	-0284	4
	(TYPE	CEASED NAME FIRST	E. F	ish	ast R	20 DATE OF DEATH	l ZI	YEAR 28 HOL	PMM
	3. SE	EMALE	WHITE	S. DATE O	4 10 1909	6 AGE (IN YEARS LAST BIRT	YRS		R 24 HRS MIN.
75	70 8	IRTHPLACE ISTATE OR FOREIGN 7	b. CITIZEN OF WHAT COUNTRY?	MARRIE WIDOWE		ANNE A	R COUNTY OF		MD.
5	10 C	IN A POLIS	1. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET ANNE ARWA)		SENERAL	128. USUAL OCCUPATE (TYPE OF WORK FOR MOST OF	WORKING MEET	126 KIND OF BUSIN INDUSTRY HOME	ESS OR
2/	USU.	ALRESIDENCE (IF NURSING HOME OR O STATE 13b. COUNT ARYLAND ANNE	OTHER INSTITUTION, GIVE RESIDENCE BEFORE IY ALUNDER ANN AD	N.	13d INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS	Sr.c.L	Air ROAD	
0.21	14. FA	OHN DOW!	NING LAST		15 MOTHER'S MAIDEN NAM		CON	LAST	
l l	16a V	WAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) (IF YES, GIVE V	NED FORCES? 166 SOCIAL SECU NAR OR DATES) 192 18 0	1840	ERNEST L	U. 5-15 H		#13	
vent, the		18 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED IMMEDIATE		bos	is of Th	e Aor	ta	APPROXIMATE INTE BETWEEN ONSET AND 48 hu	RVAL D DEATH
		Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	ENCE OF		eroscler	osi's	YEARS	
, ,	NO	PART 2 OTHER SIGNIFICANT CO	DINDITIONS CONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CONE	OITION GIVEN	IN PART 1(a)	
9	CERTIFICATION	190 DATE OF OPERATION 2/20/29	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20g AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES [/ERE FINDINGS USE IG CAUSES OF DEA NO [TH?
9	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOT IFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M.	YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART	1 OR PART 2)	
	MEDI	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET	CITY OR TOW	/N	COUNTY S	STATE
7		22a. I certify that (I) (fills supplied saw the deceased alive an abave, (I) (was did) (did not)	7eb. 2/ 192	JAN 19 .01	, 19 <u>78</u> nd that in (my) (🕶) apınian c	ta 7eb, 21 leath accurred an the do	, 19. ite and haur ar	79 , that (1) (nd fram the causes st	
		226 SIGNATURE M.	Richards	n. M.	DEGREE ATTENDING PHYSICIAN [F	MEDICAL STAF	F IAN 🗆	726. DATE SIGNED	1579
1		22d PHYSICIAN'S MAME (TYPE ORF	chardson, 1	nP.	104 Forb	es Street	+, Ann	Ap. M. 2	140)
	230	BURIAL, CREMATION, REMOVAL	2/24/79 23c.N	PAT P	METERY OR CREMATORY	23d. LOCATION BYORTOWN BRENTY	VOOD 9	P.G. M	D.

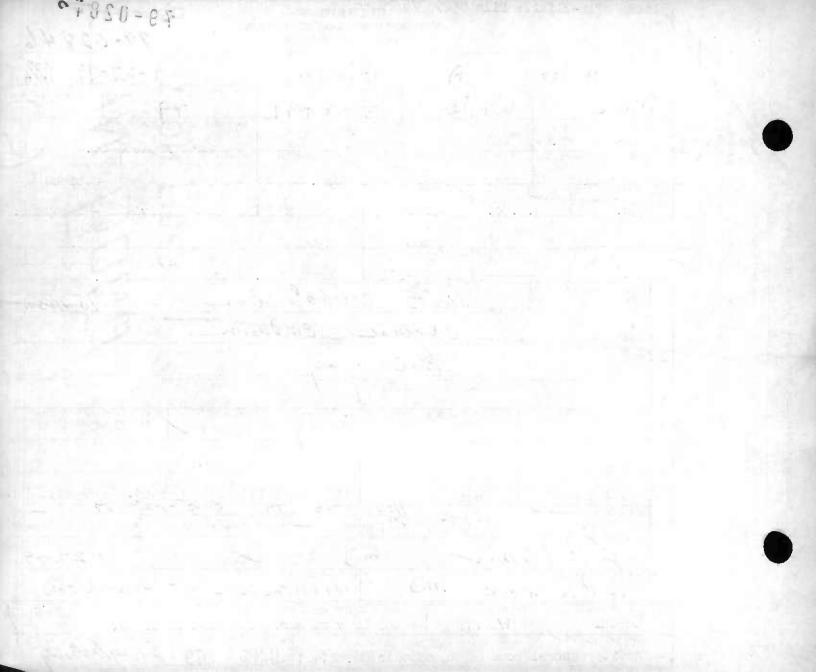
DHMH - 16 50M 1/76 (VR A 15 (4))

BP.

Taylor Sons Annapores 12

250. DATE REC'D. BY REGISTRAR 256. REQISTRAR'S SIGNATURE

	A	tems #21a-211	f&22a Film	G529 3/8	79 STAT	E OF MARYLAND		20-11-2-1	}
10	1.	FOR STATE REGISTRAR		DEPARTA		ICATE OF DEATH	REG. NO	79-0	2846
deoth		CEASED NAME FIRS	00	A.	C	ribson	2a DATE OF DEATH	1-27-	79 1:05 1.05 1.05 1.05 1.05 1.05
	3. SE	MALE	4 RACE	ite	5. DATE C		6 AGE (IN YEARS LAST BIRTI		YEAR IF UNDER 24 HRS DAYS HOURS MIN.
XBX		RTHPLACE ISTATE OR FOREIGN DUNTRY) Lothian Md.	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	DEN NEVER MARRIED	9 BALTIMORE CITY O	1900	TH MD.
To los	10 C	Annapolis	(IF NOT IN SUC	HOSPITAL, NURSIN CHFACILITY, GIVE STREET. Arundel G	ACORESS)	OR OTHER INSTITUTION	Anne 12a USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF	F WORKING LIFE) INDU:	IND OF BUSINESS OR STRY
must be	USU 13a :	AL RESIDENCE (IF NURSING HO) TATE 13b (OME OR OTHER INSTITUTION COUNTY A.A.CO.	i, give residence before 13c city or tow Harwo	ADMISSION)		farmer		-Sudley Rd.
J.	14. FA	THER'S NAME FIRST William	MIDDLE	LAST	ou	15 MOTHER'S MAIDEN NA/ FIRST	ME MIDDLE	ensville -	LAST
medicalex		VAS DECEASED EVER IN U.S	S. ARMED FORCES?	Gibson 166 SOCIAL SECU 218-28-		Agnes 17. INFORMANT Margaret E	ADDRE 41	536 Owensv	Wood ville Sudley
Then please remove corbon por to buriol, cremation, or remov njury, or other troumatic even	NO NO	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause las	DUE TO, O th te he DUE TO, O Column (c) DUE TO, O	1/200	NEEOF	escore Early and a contract of the term	inal disease or cone	DITION GIVEN IN PA	RT I(a)
vs any	CERTIFICATION	19a DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO NO	206. IF YES, WERE F IN CERTIFYING CA YES	INDINGS USED USES OF DEATH? NO
Mental Hygier are Item 18 shave	MEDICAL CER	21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED	OF DEATH HOUR A.		YEAR	Fell down		Y IN ITEM 18, PART 1 OR PAI	RT 2)
is marked a	ME	WHILE NOT WHILE 220.1 certify that (1) (this	hospital) attended the	me deceased from	1100 -	4536 Owensvi		y Rd. Har	woodo770d.
ore Dept. of 1		sow the deceased olivabave/(1) (we) (did) (d	1 Ehmin	ofter death. 19 A	1		MEDICAL STAF	22c. (DATE SIGNED
should be deto with the State [IMPORTANT: #			TRINOS	m.)		121 CA THE	DRAZ ST	- Annah	Busmi
n s <	(urial, Cremation, remo Burial	23b. DATE 1/30/			emetery or crematory Lady of Sorrow		ver Md.	STATE
11/76		ineral director ardesty Funer	ral Home	ADDRESS	olis N	1d. 21401 JAN	E REC'D. BY REGISTRAR		NATURE Kelly



STATE OF MARYLAND

THE PROPERTY OF THE PROPERTY O

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injury, ar other troumatic event, the

IMPORTANT: If them 21 is marked ar Item 18 shaws ony

24. FUNERAL DIRECTOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

BY REGISTRAR 756. REGISTRAR'S SIGNATURE

PATE REC'D

	1 -	FOR STATE REGISTRAR		The Co		CERTIF	EALTH AND MENTAL H		REG. NO	, 7	9-0284EST
	(TYPE		FRANK	A		GRUZE			FEBRUA		21,1979 8:20 A
	3 SEX	Male		Whit	le	5. DATE O	CAY YEAR	9	(IN YEARS LAST BIRTH	YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS
5		RTHPLACE (STATE OF	r foreign 71	U.S.	A COUNTRY?	MARRIED WIDOWE	NEVER MARRIED		TIMORE CITY OF	INDE	
1	GL	2011 30111	NIE	NORTH	ARUNDE	PDRESHO!	SPITAL		SUAL OCCUPATION		175. KIND OF BUSINESS OR INDUSTRY
1	130 S	AL RESIDENCE (IF NI	URSING HOME OR O				13d. INSIDE CITY LIMITS	8	REET ADDRESS	1000	Tholme Circle
1	I4 FA	THER'S NAME	All MI	DOLE C	LAST CUZEA-	sKi-	15 MOTHER'S MAIDEN	CE	WIDDIE		Un Known
		VAS DECEASED EVI VES, NO OR UNKNOWN)	(IF YES, GIVE W		78-03	-1749	RUTH G.	Gre	ADDRES Rens K	- /	Poole
	7	Canditions, if an gave rise ta is cause (a), sta underlying cou	IMMEDIATE ny, which immediate titing the use lost	DUE TO, OR AS	s a conseque Hype s a conseque	your	ndial of	Man ERMINAL D	ction	DITION G	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CALLE CALLOVIC.
	CERTIFICATION	190 DATE OF OPER	1-1979	Ind ra	idoble	par	WAS PERFORMED (B) FOOT 216. HOW INJURY OCC	YES	AUTOPSY? NO VIER NATURE OF INJUR	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? (ES \(\) NO \(\) PART 1 OR PART 2)
	MEDICAL	OR CONTRIBUTING (IF EITHER, NOTIFY MEI 21d. INJURY OCCU WHILE AT WORK AT	DICAL EXAMINER)	P.M.	MONTH BY	19	211. LOCATION STREET		erry or town	N	COUNTY STATE
	311	220. I certify that saw the dece obove (A) (we 22b. SIGNATURE	osed alive an_	1) attended the de view the body ofte	3 19		DEGREE			te and ha	pur and fram the couses stated 22c. DATE SIGNED 21 Fel. 1926
1		22d PHYSICIAN'S EDW I N					270. ADDRESS 7445 FURNAC		/		BURNIE, MD.
	23a B	URIAL, CREMATIO	N, REMOVAL	23b. DATE	23c. N	NAME OF C	EMETERY OR CREMATO	RY 23d.	LOCATION		COUNTY STATE

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

medical enam

injury, or other troumotic event, the

IMPORTANT: If Item 21 is marked or Item 18 shows any

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

02950

		REGISTRAR				CERTIF	ICATE OF D	EATH		REG. NO	19-	070	30	
	1. DE	CEASED NAME	FIRST		MIDDLE	L	LAST		20 DATE OF D		AONTH	DAY YEAR	2b. HOU	JR
	(Parther	nia	P	aris	Ha	awkins				2/12	179		м
	3. SE			4. RACE		5. DATE C		YEAR	6 AGE (IN YEAR	S LAST BIRTH	DAY)	IF UNDER 1 YEAR	IF UNDER	24 HRS
		emale		Whit		Aug		1891	87		YRS.	MONTHS DATS	HOURS	MIN.
10	C	RTHPLACE (STATE OR FO	REIGN		WHAT COUNTRY?	MARRIED NEVER MARRIED			9 BALTIMOR	E CITY OF	COUNTY	OF DEATH		
J		rginia		U.S.		WIDOWE		ORCED [Coun		MD.
A		ITY OR TOWN OF DEA	30.119	(IF NOT IN SUC	HOSPITAL, NURSING HEACHLITY, GIVE STREET	ADDRESS)	-		12a USUAL OF	OR MOST OF	WORKING LI	12b KIND (FE) INDUSTRY		ESS OR
1		AL RESIDENCE (IF NURSIN			wood Ma			g Home	Dome	stic				
A	13a. S	STATE	13b. COUN	TY	13c CITY OR TOW	/N	13d. INSIDE CI		13e STREET AL	DDRESS	0.10		108	
	14 FA	Md.	A . F	1.	Millers	BAITI		MAIDEN NAM	P.U.	ROX	8 14	iller	SVIL	1e
1/		FIRST	٨	AIDDLE	Powe1	1	F	Fannie	_	MIDDLE		Jack	ST	
16	160 W	VAS DECEASED EVER I	N U.S. ARA	MED FORCES?	16b SOCIAL SECT		17 INFORMAN			ADDRES	S D. 1	to 21		
	(Y	NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)		5510		Zinn	215		eado	w Rd.	225	
		18. CAUSE OF DEATH PART I. DEATH WA	(Enter onl	y one couse per	e for (0), (0), on	d (c)	0 . 1					BETWEEN	ONSET AND	RVAL DEATH
				E CAUSE (o)	erely	al.	JACK	Mia				m	Well	att
		437 h		DUE TO, O	R AS-A CONSEQU	ENCE OF	200	0				1.	1	
3		Conditions, if any, gove rise to imm		(b)	Cald	car	, Jul	-cerce	*			-u	w	4
		couse (0), stating underlying couse		DUE TO, OI	AS A CONSEQU	ENCE OF	eintic	Van	culor	de	see	e 4	rs	
	NO	PART 2. OTHER SIGN	IFICANT C	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERMI	NAL DISEASE	OR COND	ITION GIV	EN IN PART	101	
2	CERTIFICATION	19a. DATE OF OPERATI	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFOR	RMED	20a AUTOP	SY?		S, WERE FIND		
4	RTIF								YES 🗍	100		s 🗌	NO [
7		210. ACCIDENT WAS UNDE	USE OF DEA		M. MONTH D.	AY YEAR	21c. HOW INJ	URY OCCURRE	ED (ENTERNATU	RE OF INJURY	IN ITEM 18, I	PART I OR PART 2)		
	MEDICAL	(IF EITHER, NOTIFY MEDICAL 21d. INJURY OCCURRE		21e. PLACE (19	211. LOCATIO	N						_
	ME	WHILE NOT WHI	LE 🗇		EET, FACTORY, OFFICE, I	ARM, ETC.)	STREET		C	ITY OR TOWN	4	COUNTY	S	TATE
		22a.1 certify that (1) (, 19	, to			19	that (I) (we) fost
á		saw the deceased of ove, (1) (we) (di	d olive on	view the body	ofter death.	, on	nd that in (my) (our) opinion di	eath accurred	on the dat	e ond hou	ir and from the	couses sto	oted
		22b. SIGNATURE	111	111	Alt	MAS	DEGREE A1	TENDING HYSICIAN	MEDICAL_	STAFF		22c. DATE 2-13	SIGNED	
		22d. PHYSICIAN'S NA	ME (TYPE OR	PRINT)	1	IVI	22e ADDRESS	HYSICIAN [DIRECTOR	PHYSICI	AN []			
		William	н. с	hoate.	M.D.		2083 W	est St	t2nd	. F	Loor	Annar	b.M.	
	230. B	URIAL, CREMATION, R		23b. DATE			EMETERY OR C		23d LOCATI	ON		21401		ATE
	10	Burial	L	2/15	/79 C	edar	Hill (Cemete	ry B.	rook	lvn.	-A.A.	. M	id.
		JNERAL DIRECTOR			ADDRESS B	alto	21225	FEB 2		SISTRAR 2	SK RECAST	RARASTED	Holy	
	Ge	eorge J.	Gonc	e 4001	Ritchi	e Hen	WV	TLD 4	0 19/9	M	-1/1	/		

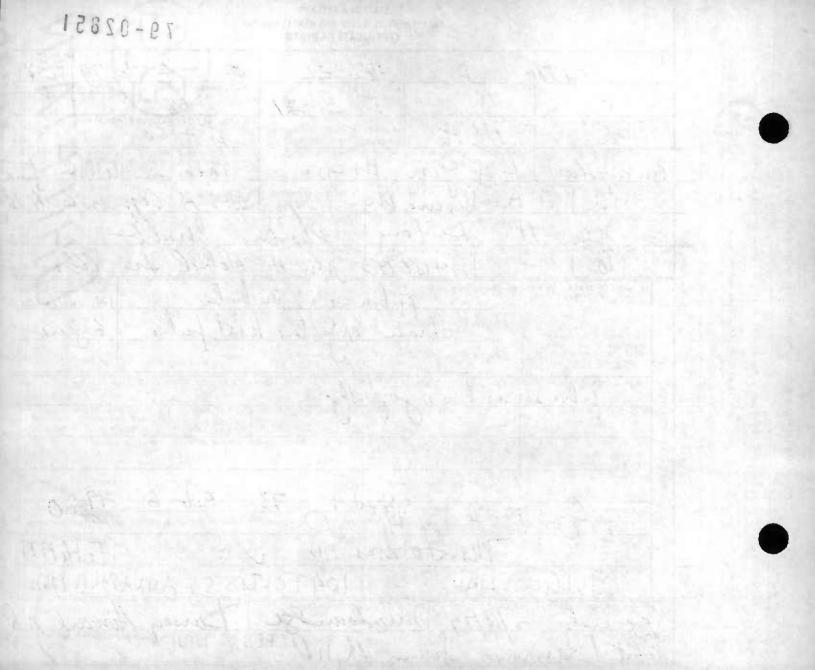
DHMH-16 60M 1/73 (VRA 15(4))

FOR

24. FUNERAL DIRECTOR
NAME
George J. 4001 Ritchie Hgwy J. Gonce

And the canalist of the control of t

/				STATE OF MARYLAND		
	1 -	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE REG. N	79-02851
noy be poge 3 sr deoth	1. DE	CEASED NAME FIRST RUTH	MIDDLE	HELSE!	20. DATE OF DEATH	MONTH DAY YEAR 26. HOUR 2 6 79 17 20
a moy	3 SE		4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIR	THOAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS OAYS HOURS MIN
deoth B g	7a. Bl	RTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT GOUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY O	DR COUNTY OF DEATH
rs ofter dee by the June filed within	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	12a USUAL OCCUPAT	
filled in binould be fill	USU,	AL RESIDENCE (INNURSING HOMEOR	OTHER INSTITUTION, GIVE RESIDENCE BEF	ORE ADMISSION)	13e STREET DORRESS	Cancer Geet W
within aletely ad 2 st	14. FA	THER'S NAME	Mode Dist	15. MOTHER'S MAIDEN NA	AME DOYE	LAST
executer ond coming oges 1 of	16a V	VAS DECEMAND EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC	CURRY ND. 17 INFORMANT	· Helsel	In Pelane
rificote be g physicion onpopers. P emovol.		PART I. DEATH WAS CAUSE		and to land a sing On	loly	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH INC. TOUT AS GOOD
th ce corbing corbin corr		4280	DUE TO, OR AS A CONSEC	0 1 11.5	bed La	lue 6 years
y the cremo		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQ		Jean Jac	- Garage
requires the n signed b Then pleos ir to buriol, injury, or o	NOI	PART 2. OTHER SIGNIFICANT C	C	D DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN IN PART 1(a)
low low so be ermit.	CERTIFICATION	190 DATE OF PPERATION	196 CONDITION FOR WHY	HOPERATION WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
IAN: The physicic filtrone infrcote infrcote in 18 should be a 18		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH			
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE)	21f. LOCATION STREET	CITY OR TO	WN COUNTY STATE
ENDING rol or of DR: Aft ruse os Heolth		220.1 certify that (1) (this hospi	tol) priended the deceosed from	19 Jond that in (my) (gur) opinion	deoth occurred on the d	ote and hour and from the causes stated
OR Direction		obove (I) (ye) (did) did no 22b. SIGN ATURE	view the body offer death.	DEGREE MATENDING PHYSICIAN	MEDICAL STA	FF PATESIGNED
OSPII bed b ich be Id be the Si		22d. PHYSICIAN'S NAME COPE O	RPRINTI	22e ADDRESS O4 FOR	BES ST	ANNAPOLIS (M)
Bb Of A Market M	230.	ORIA), CREMATION, REMOVAL	23b. DATE 75	NAME OF CEMPTERY OR CREMATORY	231 LOCATION CIT OF TOWN	SANTY STAIL
DHMH - 16 50M 7/77 (VR A 15 (4))	24.	NERAL DIRECTOR NAME SALIT SA	GAA CO PRESS	and harmonia	TE REC'D BY RETUSTAGE	25b. FERISTRARS SIGNATURE



BP. DHMH - 16 50M 1/76

(VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1-	FOR STATE REGISTRAR			EALTH AND MENTAL HYO	GIENE REG. No	79-02	852
	1. DEC	CEASED NAME FIRST	WIDDLE	1,	AST	2a. DATE OF DEATH	MONTH DAY YE	
	(1111	THOM	AS Hen.	ry HE	NDERSON	100	2 10 7	9 730 4
	3. SEX		4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIRT		VEAR IF UNDER 24 HRS
		MALE	1/2920	1 LL	26 19 13	65		DAYS HOURS MIN
3		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	OUNTRY? 8. MARRIE	D X NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEAT	Н
A		md	I W. S. A	WIDOWE	_	A.A.C	0	MD.
	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL		OR OTHER INSTITUTION	120 USUAL OCCUPATI		ND OF BUSINESS OR
5	A	NNAPOLIS	A A G			COOK FOR MOST OF	F WORKING LIFE) INDUS	NAVEL Adm
1	USU A 13a. S	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION GIVE RESIDE	OR TOWN	134 INSIDE CITY LIMITS?	13e STREET ADDRESS		
0		Md AA		NAPOLIS	YES X NO [54 CLAY	STreet	13.69
	14 FA	THER'S NAME FIRST	MIDDLE 4	TPAL	15. MOTHER'S MAIDEN NA	AME	(2-a)	IAST
4			nkn Hend	LETSON	Bessie		10 1	ILS
		AS DECEASED EVER IN U.S. AR		IAL SECURITY NO.	17 INFORMANT	ADDRE	SS ANNAP	ochis, md
		Yes W.W	TIL 215	-14-6622	Mrs Lucille	e Henderson	1 S4 CLA	
-		18 CAUSE OF DEATH Enter or	nly one couse per ling for to	s), (b), and (c)	-1 00	1	BETY	PROXIMATE INTERVAL WEEN ONSET AND DEATH
	100	PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (0) Ven	tricula	s tibulla	tion	15	man.
n		410-	DUE TO, OR AS A CO	DNSEQUENCE OF	1	10 1		
		Conditions, if any, which	((b) M6	ssive	(ormany	Thrombos	9 15	min
		gave rise to immediate cause (a), stating the	DUE TO, ORAS A CO	DNSEQUENCE OF		,	1.1	
		underlying couse lost.	(c) Dev	ere bote	rial Hyper	tersion	У	ears
	7	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUT	ING TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN IN PA	RT 1(o
_	CERTIFICATION							
7	ICA	19d. DATE OF OPERATION	196. CONDITION FOI	R WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE F	INDINGS USED USES OF DEATH?
	RTIF					YES NO	YES 🗌	NO 🗆
7		21a. ACCIDENT WAS UNDERLYING CAUSE OF DE			21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR PAR	RT 2)
	ICAI	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19				
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE [21e. PLACE OF INJUR (AT HOME, STREET, FACTOR		21f LOCATION STREET	CITY OR TOV	VN COUNT	Y STATE
		AT WORK		3,180		D	/	
		22a I certify that (I) (this hospi	DU TIME	-10	1967		19	, that (I) (we) lost
		sow the deceased alive on above, (1) (we) (did) (did no	ot) view the body ofter dep	th.	nd that in (my) (aux) opinion	death accurred on the d		
		22) SIGNATURE		1.	DEGREE ATTENDING A	/ MEDICAL _ STA		DATE SIGNED
		relent- Vc	skouw	MI) PHYSICIAN	DIRECTOR PHYSIC		6.10,19
1		22d. PHYSICIAN'S NAME (TYPE C			22e. ADDRESS	10 1	- 10. 1	12112
		YELEK !	NEISKO		11419 1010	stldr, m	napolis m.	021403
		SPECIFY)	23b. DATE		EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
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1					STATE OF MARYLAND					
16.4	1 -	FOR STATE REGISTRAR	G bun	DEPARTM	ENT OF HEALTH AND MEN CERTIFICATE OF DEA			79-	-028	53
		EASED NAME FIRST	A	MIDDLE	1 Slevi		REG. N . DATE OF DÊATH	MONTH DAY		b HOUR
3	3. SEX		4 RACE Whil	te	7/1	VEAR 6	AGE (IN YEARS LAST BIRT			F UNDER 04 HRS
Touce.	O BIR	THPLACE ISTATE OR FOREIGN UNTRY)	76 CITIZEN OF	WHAT COUNTRY?	MARRIED NEVER MAR	RIED 🔲	BALTIMORE CITY C	e Arunde		ΜĮ
53	1	Y OR TOWN OF DEATH		HOSPITAL, NURSING CH FACILITY, GIVE STREET A	/ //	TION 12	USUAL OCCUPAT YPE OF WORK FOR MOST OF	ON OF WORKING LIFE)	12b. KIND OF E INDUSTRY	BUSINESS OR
1	13a. S	nd /	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE 136. CITY OR TOWN Church?	YES NO	2	STREET ADDRESS	reter.	5t. C.	horeht
20	I4 FA	HER'S NAME FIRST VURINAN	MIDDLE	FOOTE	15 MOTHER'S MA FIRST		MIDDLE	M4-	TAYLO	nd 20
the medicol		AS DECEASED EVER IN U.S. A	RMED FORCES? VE WAR OR DATES)	578-24	-2822 James	m	Hensley	(SAME	AS 1	3e)
r traumatic event,		Conditions, if ony, which gove rise to immediate	DUE TO, C	OR AS A CONSEQUE	OCUYCINON	STYM Na l	OF STO	mulch	_	SET AND DEATE
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-028 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR FIRST I. DECEASED NAME 20. DATE KNOWN 2b HOUR (TYPE OR PRINT) OF ESTI-MARY ELIZABETH HENSON DEATH MATED 1979 3. SEX 4. RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. DAY 2d HOUR IF UNDER 24 HRS 20. DATE MONTH LAST BIRTHDAY) PRONOUNCED FEMALE NEGRO 108 YRS 2 10 DEAD Th CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) ARUNDEL GENERAL HOSPITAL ANNAPOLIS ANNE 13d. INSIDE CITY EIMITS? 13a. STATE 1136 COUNTY 13c. CITY OR TOWN 113e STREET ADDRESS MARYLAND ANNAPOLIS CLAY Street. A.A. YES [NO 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME OFYITAL MIDDLE MIDDLE AND HENTRETTA HENSON WALLACE CHARLES 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS Annapolis. Md. (YES, NO. OR UNKNOWN) 218-14-3707A GEORGE N. HENSON Rt. 7 Box 112 CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? TO BURIAL, YES NO Z DEPARTMENT PRIOR TO BURI 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (AT HOME, 21d. INJURY OCCURRED 211. LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) STREET STATE CITY OR TOWN COUNTY STATE (Inspection Inquiry K 22a. I certify that I taak charge of the remains described above, held on Autopsy ond in my opinion MARYLAND, death resulted from: Accident Homicide Undetermined manner DIRE TITLE (SPECIFY) ACTUAL PAGE 4 SHOU TO FUNERAL DAFTER DEATH, BALTIMORE, MA SIGNATURE. EXAMINER'S NAME TYPE OR PRINT) ADDRESS 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d COCATION STATE COUNTY GREENMOUNT CREMATORY CREMATION MARYLAND BP Annapolis, Ed. 24. FUNERAL DIRECTOR **DHMH** - 17 (VR A15 ME (5)) WILLIAM REESE & SONS MORTUARY, P.A 15M 7/76

79-02854

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-02855 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH MIDDLE 2b. HOUR DECEASED NAME Carl Higdon Edward eb.5.1979 3 SEX Sept. 29 1906 HOURS Male Caucasian 72 9 BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY To BIRTHPLACE ISTATE OR FOREIGN MARRIED NEVER MARRIED Florida USA Anne Arundel DIVORCED [WIDOWED IL CITY OF TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h, KIND OF BUSINESS OR North Arundel Hospital INDUSTRY Glen Burnie Machinist-Ret Gen. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 LSUAL RESIDENCE, (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 215 Baltimore Ave. S.W. 13b. COUNTY Glen Burnie YES TX 13d INSIDE CITY LIMITS? Md. AA 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Higdon MIDDLE Rawls Thomas Cornelia 17 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 424-03-2029Mrs. Mildred Higdon, wife, same as 18. CAUSE OF DEATH (Enter only one couse per line fg BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE CONSEQUENCE OF gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY à IN CERTIFYING CAUSES OF DEATH? NOF YES T 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21a. ACCIDENT WAS UNDERLYING Item 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from sow the deceased olive on obove, (we) idid) (d no ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNA DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS should be with the Hospital Drive, Glen Burnie Cenap Dorkin, M.D. 0 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23b. DATE STATE COUNTY Burial Feb. 79 Evergreen Cemetery Evergreen. Alabama 24 FUNERAL DIRECTOR DHMH - 16 60M 1/75 (VR A 15 (4)) James S. Kirkley, Glen Burnie,

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR FIRST 1. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-115546 DEATH MATED 19 79 IF UNDER 24 HRS DATE PRONOUNCED DEAD 1979 b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED ALVERT CO DIVORCED OCCUPATION (TYPE OF WORK 112b. KIND OF BUSINESS 13b. COUNTY 13. STREET ADDRESS MUDELON Rol-A 14 FATHER'S MAME OF ALT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? KNNARDEMESTER (MINS 18. CAUSE OF DEATH (Enter only one cause per line far (a), PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF REMOVAL Conditions, if ony, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL, YES 3 SHOULD BE DEPARTMENT O 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. PRIOR 21e. PLACE OF INJURY (AT HOME, 21f. LOCATION 21d. INJURY OCCURRED AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) STREET STATE COUNTY CITY OR TOWN 201 220. I certify that I took charge of the remains described above, held on Inspection and in my apinian Homicide death resulted from Undetermined monner TITLE (SPECIFY ACTUAL TO FUNERAL DAFTER DEATH. SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) BP. 25b. REGISTRAR'S SIGNATURE **DHMH-17** Pransions 1/1 mgs 6 got (VR A15 ME (5)) 15M 7/76

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 2a DATE OF DEATH MONTH (TYPE OR PRINT) LILLIAN 23 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH YEAR DAY FEMALF 10 02 To BIRTHPLACE STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED ANNE ARUNDEL COUNTY WIDOWED DIVORCED [IL CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
39. STATE
MARYLAND
13b. COUNTY
A.A.
ANNAPOLTS 13e STREET ADDRESS 13d INSIDE CITY LIMITS? ANNAPOLIS NO Comhill Street 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDOLE LAST JOHN PETERSON LUCY AYERS 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS 17. INFORMANT Annapolis. Md. (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) NO 214-12-1460A CLARENCE INSEY 12 Combill APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (g), (b), and PART I. DEATH WAS CAUSED BY: PRESTON ST., immedia IMMEDIATE CAUSE (o) if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost plec PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a DIVISION OF VITAL RECORDS, CERTIFICATION 0 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES T NO F 210. ACCIDENT WAS UNDERLYING [216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Mental (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) ITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK 220.1 certify that (1) (and be been ed the deceased from sow the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and fram the causes stated abave, (+(we) (did) (and not) view the bady after death SIGNATURE 22c. DATE SIGNED DEGREE MPORTANT: If ATTENDING A / MEDICAL STAFF should be deta FUNERAL DIRECTOR PHYSICIAN PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS 0 23a. BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE COUNTY BURIAL 2-28-1979 PINELAWN BP MEM. PARK Annapolis Maryland 24. FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. REA ISTRAR'S SIGNATURE ADORESS Annapolis, Md. DHMH - 16 50M 1/76 (VR A 15 (4)) WILLIAM REESE & SONS MORTUARY, P.A.

1-	tems #18a FOR STATE REGISTRAR		MED	1/11/79 STATEPARTMENT OF HOLE EXAMINE	ER'S C	ERTIFIC	NTAL HY	DEATH	7,9	-02	859	
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13a. S	AL RESIDENCE (IF IN N	THE COUNTY	R INSTITUTION, GIVE	Gresidence before admission of the Burn	ie	134 INSIDE CIT	NO S	13e. STREET	3 Gui	lford	Road	
14. F	Nörman	T	DLE •	James Sr.		J	r's MAIDEN une	NAME	MIDDLE .		Surlan	
160.	WAS DECEASED EVE	R IN U.S. ARMED F		166. SOCIAL SECURITY 21 2/78/7		Mr.		man P			e as 1 . (fat	
NOI	Conditions, if gave rise to cause (a) statistic lying cause las	was Caused BY: IMMEDIATE CAI any, which immediate ig the under-	DUE TO, OR A (b) DUE TO, OR A	or (a), (b), and (c).) ethaqualone as a consequence of as a consequence of ut not related to the termi	F			T 1 (a).			BETWEEN ON	SET AND DEATH
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2	death resulted from	Ann M.	Dixon,	M.D.	cideM	ADDRESS	PECIFY) Lstant	Undetermin MEDICAL Penn	St.	and in my , DAT SIG	304	- 79
	Burial (79 Glen H				23d. LOCAT	en Bu		S SIGNATURE	STATE
	ingleton	Strate	ADDRESS	e.Glen Bu	w n i			R 9 m		Lista	S SIGNATURE	da

79-02859 Moranin F. Jaher Sr. Gure D. Surland DOCUDE 12/78/751 1 Per Worsen F. Canes St. (Inthet)

TAIL OF MAKILAND	T	ATE	OF	MARYLAND
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-02860

		REGISTRAR				CEKITE	ICATE OF DEATH	REG. N	10.		ESI	
	I. DEC	CEASED NAME OR PRINT)	OTIS		AYLOR		HNSON	20. DATE OF DEATH		1979	26. HOUR	
	3. SEX	х	I	4. RACE		5 DATE C		6 AGE IN YEARS LAST BIE	RTHDAY) IF	UNDER 1 YEAR	IF UNDER 2	
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	14 FA	ATHER'S NAME		AIDDLE	LAST	7	15. MOTHER'S MAIDEN NA			1.00		
2	-	William	Thon	nas Jo	hnson		Mary	Elizabet	V 4	amber	son	
1		VAS DECEASED EVER YES, NO OR UNKNOWN)		WAR OR DATES)	166 SOCIAL SECT		17 INFORMANT	ADDR	.555			
					218-01	-20T	Naomi John	nson - sai	me as	13e		
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		1 AKT II DEATH I		E CAUSE (0)	myo	car	May su	farefro	-	1.00	6311	2
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		Canditians, if any		((b) C	ounar	y ur	HEREDULIAN	the new i	rejease	10	1	1
		cause (a), statu		DUE TO, OF	AS A CONSEOU	ENCE OF				6		
		onderlying coose	1051	((c)								
	z	PART 2. OTHER SIGI	VIFICANT C	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN	IN PART 1	01	
	TIO			- L					Tan inves			
7	CERTIFICATION	190 DATE OF OPERA	HON	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, V IN CERTIFYIN			
1	ET.			AU - 1115 O	5 15 14 10 10 14		In none brown a con-	YES NO	YES [№ □	
1		21a. ACCIDENT WAS UNI		216. TIME O HOUR A.	M. MONTH D	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	JRY IN ITEM 18, PART	1 OR PART 2)		
	O.	I IF EITHER, NOTIFY MEDIC		P./		19			11.15.0	12010		
ì	MEDICAL	2)d. INJURY OCCUR		21e PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE,	FARM, ETC.)	211. LOCATION STREET	CITY OR TO	WN	COUNTY	STA	ATE
		AT WORK AT WO				5/	1/1/	TA	-1	36	No.	
		22a I certify that (I)		1 1 1/1 11 11		79	0/68 19	, to	, 19	17.	that (I) (w	e) last
		sow the deceas abave, (f) (we) (e	ed olive on. Jid) (did not		ofter death.	2 , 01	nd that in (my) (our) apinian	death accurred an the c	lote and haur a			ted
	1	226. SIGNATURE	ma	6	1//	m	DEGREE ATTENDING	MEDICAL STA	EE	22c. DATE	SIGNED	
		01.60	1000	120	/www		PHYSICIAN E	DIRECTOR PHYSI	CIAN	1 4/-	0/79	
1		Randall			n, M.D.		3708 Moun	tain Rd.,	Pasad	lena, I	Md.27	1122
	23a. B	BURIAL, CREMATION,	REMOVAL	23b. DATE	23 c.	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		Durk IV		7.5
	(:	Burial		2/7/7	0 6	len H	laven Mem.	PK. Glen	Burnie	DUNTY A	STAI	id -
	24 FL	UNERAL DIRECTOR		1.54.4		<u></u>		E REC'D BY REGISTRAF				
G	eo:	rge J. G	once.	4001 I	Ritchie	He.	Baltimore	FEB 5 19	19	refrey!	Relie	ody

Gonce, 4001 Ritchie Hg., Baltimore

DHMH - 16 50M 7/77 (VR A 15 (4))

FEGRUARY 2, 1979	TOSHMOU	7 '_Y T	2130	
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	or money 1	S= (0=815 F)		
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, 6	1.	FOR STATE		DEPARTMENT OF		MENTAL HYGIE	-		0.01		
2		REGISTRAR		DICAL EXAMIN	IER'S CERTIF	ICATE OF DE	ATH REG	$7 \times 9 - 02$	861		
200 SE P		CEASED NAME FILE	lian	MIDDLE	John.	seal	20. DATE KNOWN OF ESTI- DEATH MATED		1 -10		
ON STRE	3. SE)	M 1. RACE	5. DATE OF BIRTH	YEAR LAST BIRTHE		HOURS MIN.	S. 2c. DATE PRONOUNCED DEAD	MONTH DAY	Y YEAR 26. HOU!		
NECE SEPONE ALL S FOR ALL WITHIN PRESTOR	7a. BI	RTHPLACE (STATE OR REIGN COUNTRY) Vinginia	76. CITIZEN OF W		MARRIED D, N	IEVER MARRIED DIVORCED	9. BALTIMORE CIT	ARCOUNTY OF	DEATH CO ME		
LAY IS D THE PAGE FILED 301 \	10. CI	lear BORNE		SPITAL, NURSING HOM	E, OR OTHER INSTIT	A / FO	SUAL OCCUPATION (OR MOST OF WORKING LIFE) Retired	TYPE OF WORK 12b. K	KIND OF BUSINESS OR INDUSTRY		
201 ANY EAND 3 RETAIN OULD ECORE	0SU/ 13a. S	A RESIDENCE (IF IN NURSING F TATE 136 C	OME OR OTHER INSTITUTION, GOODTY	13c. CITY OR TOWN Balto.			TREET ADDRESS 8147 Ho	g Neck F	Rd.		
- 5,6,0, J	14. F/	THER'S NAME FIRST William	regory	LAST							
AFTE VE P. V	16a. V	VAS DECEASED EVER IN U.S.	ESS	Neck RD.							
		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) IMMEDIATE CAUSE (a) IMMEDIATE CAUSE (b) IMMEDIATE CAUSE (c)									
ESTON ST. HIN 24 HC IN ITEM IN ITEM IST. ALONG IST. PERMIT HYGIENE,		DUE TO, OR AS A CONSEQUENCE OF									
S, 301 W. PRESTOP ECUTED WITHIN 2- 2" IN PENCIL IN ITE AL EXAMINER ALC BURIAL-TRANSIT PE IND MENTAL HYGII NY, OR REMOVAL.	ř	gove rise to imme cause (o) stating the <u>u</u> lying cause last.	diate / (b)	AS A CONSEQUENCE	OF						
ECORDS, 30 D BE EXECU ENDING" IN MEDICAL E O AS A BURI EALTH AND FEMATION, C	z	PART 2 OTHER SIGNIFICANT COND	TIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITI	ION GIVEN IN PART 1 (a).					
그 그는 무취보였	CERTIFICATION	190. DATE OF OPERATION	19b. COND	TION FOR WHICH OPE	RATION WAS PERFO	DRMED?		20.	AUTOPSY?		
SION OF VITA RTIFICATE SHO IG THE WORD TO THE CHI SHOULD BE US PARTMENT OF OR TO BURIAL,		210. EXTERNAL CAUSE WA UNDERLYING OR CONTRIBUTING CAUSI	HOUR A.A	A. MONTH DAY YEA	R 21c. HOW INJUR	RY OCCURRED LENTE	ER NATURE OF INJURY IN ITEM	A 18 PART I OR PART 2)	120 (2) 1107(3)		
DIVISION THIS CERTIFI; WRITING TI WARDED TO PAGE 3 SHO STATE DEPARI	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILL AT WORK AT WORK	21e. PLACE	OF INJURY (AT HOME, TORY, FARM, ETC.)	21f. LOCATION STREET		CITY OR TOWN	COUNTY	STATE		
	1	22a. I certify that I toak	chorge af the remains de		Autopsy .	Inspection	Inquiry ,	ond in my opinion			
MEDICAL EXAMINER: CUTE THE CERTIFICATE SE 4 SHOULD BE FOR FUNERAL DIRECTOR: ER DESATH, WITH THE STIMORE, MARYLAND, 2		death resulted from: ACTUAL SIGNATURE	Natoral causes.	Accident L, Si		(SPECIFY)	letermined manner	J, DATE	2-16-79		
MEDICAL I CUTE THE CUTE THE SE 4 SHOU EN DEATH, TIMORE, M	H	EXAMINER'S NAME (TYPE OR PRINT)	Elichon	-N+	M.D	Alana ME	EDICAL EXAMINER	SIGNED_			
PAC 10 PAC	23a.B	JRIAL, CREMATION, REMOVE Burial	/AL 23b. DATE 2/23/7	9 23c NAME OF CE Arbut	METERY OF CREMA US MeM	TORY 23d.	APBUTUS.~	Baïto	. Ma.		
BP DHMH - 17 (VR A15 ME (5))		UNERAL DIRECTOR Charles A.	Rice 1º36			250 PATE REC'D.		- 1 Table 10 Year	The second second		
15M7/77		0.1001 100 111	11200 100	0 120,00011 1		1	1013	7///	Made		

	1-	STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	REG. 1	79.	-028	62
m.s	I. DEC	CEASED NAME FIRST Edga	» M	IDDLE	L	AST	2a. DATE OF DEATH	MONTH DAY	YEAR 2	h HOUR
may be page 3 er deoth		Jones	. +	K.		TonES		29	79 3	530 PM
4 900	3. SE)	male	RACE Blace	, 1	5. DATE O		6. AGE (IN YEARS LAST BE	MON		FUNDER 24 HRS
Poge direct	7a. B1	RTHPLACE (STATE OR FOREIGN	27-7	VHAT COUNTRY?	8		9 BALTIMORE CITY	OR COUNTY O	FDEATH	
A Com Service of the	N	Darykan)	U.S	5.A.	WIDOWE	NEVER MARRIED DIVORCED	Dane	ALIL	1-1	C3 . MD
with with a de	10. CT	TY OR TOWN OF DEATH	11. NAME OF H	OSPITAL, NURSIN	IG HOME O	R OTHER INSTITUTION	12a. USUAL OCCUPA		12b. KIND OF	BUSINESS OR
ed the	1	mapolis	Anno	FACILITY, GIVE STREET	ADDRESS)	Pen. Hosp.	(TYPE OF WORK FOR MOST	OF WORKING LIFE)	INDUSTRY	
in b	USU	L RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION,	GIVE RESIDENCE BEFOR		en rage.	1			
filled hauld I		mD Ar	7,	Annope	100	13d. INSIDE CITY LÍMITS?		Bowm	an Di	·,
within d 2 s	14. FA	THER'S NAME FIRST A	NIDDLE	LAST	V. 1	15 MOTHER'S MAIDEN NA	ME		LAST	
ond on one		IRVING		JONES		EDNA			QUEEN	
dicol		AS DECEASED EVER IN U.S. ARA ES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDI			
Page		YES W.	W.II	216-18-	5061	MARY JONES 18	320 Bowman	Drive A	nnapoli	s, Md.
ote b sicio ipersi vol.		18 CAUSE OF DEATH (Enter onl	y one couse per l	ine for (o), (b), or	d (c)				APPROXIMA BETWEEN ON	SET AND DEATH
phy on po emov	100	PART I. DEATH WAS CAUSED IMMEDIAT								
ding orbc or re		1509	DUE TO OR	ASTONISEQU	ENDE OF	1 -	7 \ /			0
deot ion, ion,	10	Conditions, if ony, which	(16)	1 Tear	gen	afon "	tailu	u	6	who
he o emo emo		gove rise to immediate couse (a), stating the	DUETO	AS A CONSEQU	ENCE OF		, C	,	3211	1,
by the trace of the contract o		underlying couse lost.	Ic)	AS A CONSEGU	IN	and of	Serg	hoges	21	rent
equires to signed. Then plea r to burio injury, or	NOI	PART 2 OTHER SIGNIFICANT C	ONDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COL	NDITION GIVEN	IN PART 1(o)	
te hos been ssit permit. grene prior shows any	CERTIFICATION	190 DATE OF OPERATION	196 CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO		VERE FINDING	
this certificate to buriol-transition of Mentol Hyginal dor tem 18 sh	CER	210. ACCIDENT WAS UNDERLYING	216. TIME OF		AN VEAD	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	URY IN ITEM 18, PART	1 OR PART 2)	7
certification in the second se	AL	OR CONTRIBUTING CAUSE OF DEAT	TH HOUR A.M	A. MONTH D	AY TEAK					
Maing ce his ce he or he	MEDICAL	21d INJURY OCCURRED	21e PLACE C	OF INJURY		21f. LOCATION STREET	CITY OR TO		COUNTY	
the ond	×	WHILE NOT WHILE AT WORK	I AT HOME, STRE	ET, FACTORY, OFFICE,	FARM, ETC.)	SIRCEI	CITYONIC)WN	COUNT	STATE
or o se os se os mor		22a.1 certify that (I) (this hospit	al) attended the	deceased from	Jan	1979	to tel-	13 19	25, the	ot (I) (wee) lost
RECTOR ned for u ppt. of He tem 21 is		sow the deceased alive on.	tel	5 19	25_, or	d that in (my) (our) opinion	death occurred on the	dote and hour o	nd from the co	uses stated
hospita IRECTO thed for tept. of h		276. SIGNATURE	view the body o	offer death.	(DEGREE			22c. DATE SIG	GNED
to Do		(Den	rh (5651	1	ATTENDING PHYSICIAN	MEDICAL ST.	AFF	7-1.	3-75
ERAL Stote detc		22d PHYSICIAN'S NAME TTYPE OR	PRIMIT	1-400	- C-	220. ADDRESS	J DIRECTOR PITTS	CIAIT		
efoined by the TO FUNERAL should be det with the Stote MPORTANT.		GARIM	, Kie	GARN.	FON	104 FORB	'S Stree	et A	NNAP	, m/zm
0 % 5 % ¥ X	23a. B	URIAL, CREMATION, REMOVAL	23b. DATE	23ε.	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	co	DUNTY	STATE
BP	E	URIAL	2-14-7	9 PI	NELAW		Annapoli			ryland
AH - 16 50M 7/77	24. FU	INERAL DIRECTOR		ADDRESS	Anna	apolis, Maco	E REC'D. BY REGISTRA	R 256. REGISTRA	R'S SIGNATUR	ely
(VR A 15 (4))	WI	LLIAM REESE & S	SONS MOR	TUARY, F		FEB	1 4 19/9	broken	417	

STATE OF MARYLAND

FOR

FOR - STATE STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

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W		REGISTRAK		CERTIFIC .	CALL OF DEATH	REG. N	D. 10	0 2 0	•
		CEASED NAME FIRST	MIDDLE	Kell	AST	20 DATE OF DEATH	MONTH DAY	YEAR 2	RE HOUR
	3. SE	× Seppe	4 RACE	5. DATÉ O	F BIRTH	6. AGE (IN YEARS LAST BIRT		ERIYEAR	IF UNDER 24 HRS
ン		Female	White	MONTH	- 19-05	73	YRS.	DAYS	HOURS MIN.
nce.	7a. BI	IRTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT COL	INTRY? 8 MARRIEL	NEVER MARRIED	9 BALTIMORE CITY O		ATH	
NG	10 (Mass.	USA	WIDOWE	DIVORCED DIVORCED	12g. USUAL OCCUPAT	F.H.	W 10 05	MD.
53	1	WNAPOLIS	AME AR		EN. HOSP.	(Type of Work For Most of Bookbinder	F WORKING LIFE) GO	V. Pr	inting
of Set p		AL RESIDENCE (IF NURSING HOME OF STATE 13b COUR AAC	NTY 13c_CIJY C	CE BEFORE ADMISSION) OR TOWN CHICHTON	13d INSIDE CITY LIMITS? YES NO 🙀	13e. STREET ADDRESS 5609	Carre	oL S	5+.
Bull A	14 FA	ATHER'S NAME FIRST	MIDDLE LA	AST	15. MOTHER'S MAIDEN NA/	ME MIDDLE	9194	LAST	
600		Michael VAS DECEASED EVER IN U.S. AR	Lear	Y AL SECURITY NO.	Helen 17 INFORMANT	ADDR	ξς	Dunn	
medic			E WAR OR DATEST	09-1450	Bill Moore		nurchton,	Md.	
nt, the		18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse per line for (a),	(b) and (c)	1			APPROXIM/ BETWEEN ON	ATE INTERVAL
evel			TE CAUSE (0) Car	dy-pu	linging	arrest		14	his,
umati		4019	DUE TO, OR AS A CON	SEQUENCE OF	· odenia-			16	lana
r frau		Conditions, if any, which gave rise to immediate cause (a), stating the	(6)	//	Lewing			10	0000
athe		underlying couse lost.	DUE TO, OR AS A COM		ris .		384	yl	aro
ury, a	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	NG TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN	PART I(o)	
iny ini	CERTIFICATION	190 DATE OF OPERATION	19b CONDITION FOR	WHICH OPERATION	N WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE	E FINDING	SS USED
ows	TIFIC					YES NO	IN CERTIFYING (CAUSES O	NO X
18 54	Uhr	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.		TH DAY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUI	Y IN ITEM 18, PART 1 OR	PART 2)	
He H	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER	P.M.	19	AN LOCATION				
ed ar	MED	21d. INJURY OCCURRED WHILE NOT WHILE	21e PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOV	N COL	YTAL	STATE
marked		WHILE AT WORK AT WORK 22a.1 certify that (1) this wasp	ital) attended the deceased	from 2/	5/79 19	10 2/91	19_19_	th	of (I) (see) lost
21 is		sow the deceased alive on	7/0/70	19 0	that in (my) our apinion	death occurred on the de	ate and hour and f	rom the co	uses stated
f Hem		22b. SIGNATURE	1 0		ATTENDINGA	MEDICAL STAI		C. DAJE SI	9NED
<u> </u>	210	22d, PHYSICIAN'S NAME (TYPE C	nadily	/ 4/	PHYSICIAN 220 ADDRESS	DIRECTOR PHYSIC		+/9/	79
MPORTANT: #		Wm A Cass	1/		25/0 Riva	Rd Ani	na polis	2	1401
,	23a. E	BURIAL, CREMATION, REMOVAL SPECIFYL Burial	2-13-79		y of Sorrows	23d LOCATION CITY OR TOWN West River	COUNTY		STATE Md .
5		UNERAL DIRECTOR Fune	ral Home ADD	RESS	25a. DATI	E REC'D. BY REGISTRAR	256. RESSTRAR'S		
			ANN	.Md.	FE	B 1 3 1979	perfry,	MEC	early

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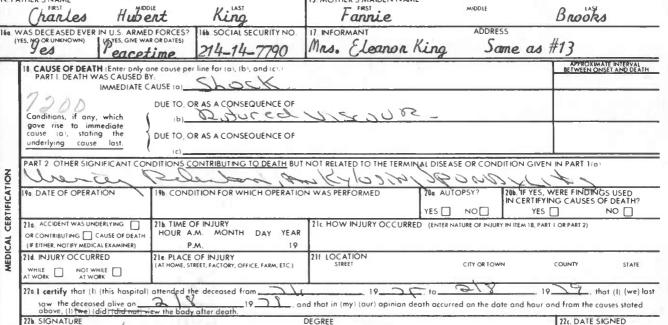
or Item

within 24 hours

certificate

NG

FOR STATE REGISTRAR	DEPARTN	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	02865
1. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	LAST	28. DATE OF DEATH MONTH	DAY YEAR 26 HOUREST
LEROY	Walter	KING Sn.	FEBRUARY 8, 19	79 8:50 P _M
3 SEX Male	4 RACE White	July 23, 1946	6. AGE (IN YEARS LAST BIRTHDAY) 62 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
78. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	1	9 BALTIMORE CITY OR COUNTY	OF DEATH
Pennsylvania	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	AN NE ARUNDE L	COUNTY MD.
10. CITY OR TOWN OF DEATH GLEN BURN IE	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET A NORTH AR	RUNDEL HOSPITAL	120. USUAL OCCUPATION (THE OF WORK FOR MOST OF WORKING LIF	126. KIND OF BUSINESS OR INDUSTRY COMPANY (nforcement
USUAL RESIDENCE (IF NURSING HOME OF 130 STATE 135 COURT Anyland Inne		ADMISSION) N 13d. INSIDE CITY LIMITS? YES NO A	6442 Colonial K	noll 21061
14 FATHER'S NAME Charles Hu	bent King	15 MOTHER'S MAIDEN NA FARST FARST	WE	Brooks
16a WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU	RITY NO. 17 INFORMANT	ADDRESS	
	etime 214-14-7	790 Mrs. Eleanor	King Same as	#13
PART I. DEATH WAS CAUSE	nly ane cause per line far (a), (b), and D BY: TE CAUSE (a)	,		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	ed 115008	2 _	



22e ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

Glen Haven Mem. 21122

.H. Mtn. & Tick Neck Rds. Pasadena Md

ROBERT B. KROOPNICK, M.D.

230 BURIAL, CREMATION, REMOVAL

(SPECIFY) Buria

24 FUNERAL DIRECTOR

ATTENDING

GLEN

25a, DATE REC'D.

MEDICAL

23d. LOCATION

STAFF DIRECTOR | PHYSICIAN |

BURNIE, MARYLAND 21061

BL VD.

BALTIMORE-ANNAPOLIS

should be detached for with the State Dept. of MPORTANT. BP **DHMH-16 20M**

TO FUNERAL DIRECTOR:

(VRA 15, 4) 7/78

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TANKS Committee and the second participation of the second

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(VRA 15 (4))

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

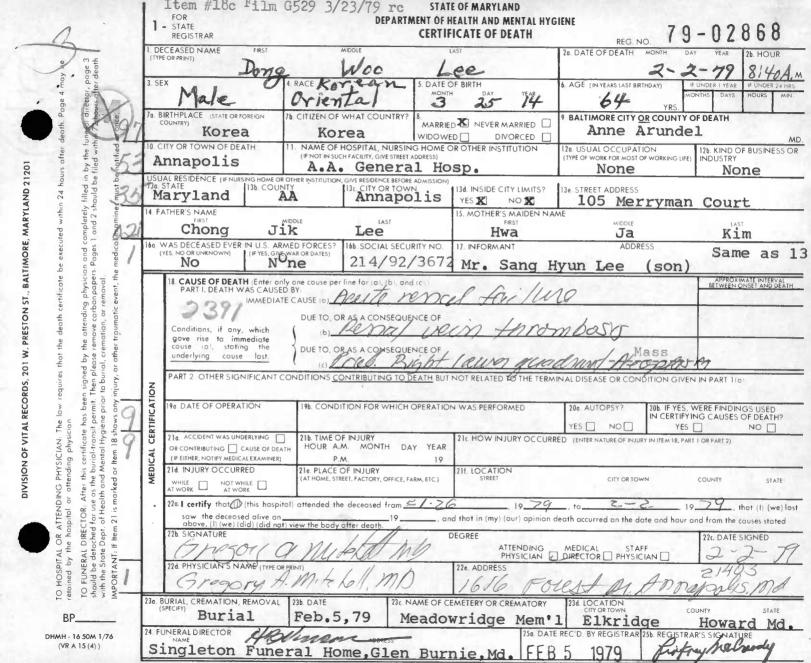
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REGISTRAR		CERTIFICATE OF DEATH	REG. NO. 5 0 2 0 0 ES	т
I DECEASED NAME FIRST	MIDDLE	LAST	2a. DATE OF DEATH MONTH DAY YEAR 2b. HC	
IRA	ADDISON	KRAFT	February 25, 1979 11	:40 ^A
3. SEX /	4 RACE	5. DATE OF BIRTH		DER 24 HRS
Male	White	March 17,19		MIN
7a BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED XXNEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH	7.4
Baltimore	U.S.A.	WIDOWED DIVORCED	Anna Amendal Country	MD.
Glen Burnie	1). NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITU (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) North Arundel Hospital		126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Retired- B & O Rail Road	
	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 13c. CITY OR TOV CE GEO BOWI	e yes X no	ITS? 13. STREET ADDRESS 12645 Heming La. 2071	
Howard A. Kr	art LAST	IS. MOTHER'S MAIDE Gert.	MIDDLE	
160 WAS DECEASED EVER IN U.S. AR	F WAR OR DATES!		ADDRESS 12645 Hemin	ng La
(YES, NO OR UNKNOWN) (IF YES, GIV	 215-07	-5391 Mrs. He	nrietta Kraft-Bowie Md.	20715
PART 2. OTHER SIGNIFICANT OF COMPANY 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	CONDITIONS CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO CONDITION FOR WHICH	Peripheral Vascu	E TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) LEN OMIFICALEU 200. ADMOPSY? 100. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DE	
RTIF			YES NO YES NO	
	HOUR A.M. MONTH D	AY YEAR 19	CCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2]	
OR CONTRIBUTING CAUSE OF DE- (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN COUNTY	STATE
sow the deceased alive on above, (1) (we) (did) (did no	tal) attended the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19	79, and that in (my) (our) op	pinion death occurred on the date and hour and from the causes	
22b. SIGNATURE	Dilhau	DEGREE ATTENDI		.79
CENAP S. DORK		220 ADDRESS	5 Hospital Drive, #104 en Burnie, Maryland, 21061	
23a BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMAT	CITY OR TOWN COUNTY	
Burial	IPOP 20 70 T			STATE
		TORS, P.A. 2113B	Cem. Woodlawn, Balto.Co.P. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	4d .

DHMH - 16 50M 7/77 (VR A 15 (4))

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Surial MFeb.5,79 Meadowrings lem'l Sibridge scenard wa.

1			STATE OF MARYLAND		
1.					79-02869
		THA E.	LEYBOLD		MONTH DAY YEAR 26 HOUR 979
3. SE	× Female	4. RACE	DATE OF BIRTH MONTH DAY YEAR 9 30 94	6 AGE (IN YEARS LAST BIRTI	YRS. DAYS HOURS /
	Maryland	USH	VIDOWED DIVORCED		R COUNTY OF DEATH
1	Stocklyn Rock	(IF NOT IN SUCH FACILITY, GIVE STREET ADD	RESS)	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUSTRY
	nd. F		13d INSIDE CITY LIMITS?		10 Sewand Avenue
	Henry	F. Bang	Margaret	E. MIDDLE	Crispen
	WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECURIT	Y NO. 17 INFORMANT	Mitchell 10	Stimone, Md. 212 Sewand Avenue
		DUE TO, OR AS A CONSEQUENCE (b)	ASCVD.		APPROXIMATE INTERVA BETWEEN ONSET AND DE
NOIL	PART 2. OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO DEA	ATH BUT NOT RELATED TO THE TERM	NINAL DISEASE OR COND	DITION GIVEN IN PART 1(a)
RTIFICAT	190. DATE OF OPERATION		ERATION WAS PERFORMED	20a AUTÖPSY? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DAY P.M.	YEAR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)
WED	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARA		CITY OR TOW	N COUNTY STATE
	sow the deceased arive on above, (1) (we) (did (did are	1-26 107	/	death accurred an the da	te and hour and from the causes state 22c. DATE SIGNED
	All	MOUS-	ATTENDING PHYSICIAN [MEDICAL STAF	F _ 9 7 70
	77d PHYSENAN SAME ITYPE OF				
22	222d. PHYSICIAN'S MAME (TYPEO) SURIAL, CREMATION, REMOVAL SPECIFY Burial		ME OF CEMETERY OR CREMATORY Olivet Cemetery	23d. LOCATION	
The state of the s	10 C USU 13a. S	10. CITY OR TOWN OF DEATH STATE 13. SEX 20. BIRTHPLACE STATE OR FOREIGN COUNTRY) MANUSAND 10. CITY OR TOWN OF DEATH STATE USUAL RESIDENCE (IF NURSING HOME OR 130. STATE 130. STATE 131b. COUNTRY 14. FATHER'S NAME SPOT 18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER) 220.1 certify that (1) (this hosping only the deceased after only sow the deceased after only some control of the control of t	1. DECEASED NAME (TYPE OR PRINT) 3. SEX 4. RACE COUNTY? 3. SEX 4. RACE COUNTY? 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET ADD 130. STATE 131. COUNTY 14. FATHER'S NAME HERRY 15. COUNTY 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY (YES, NO OR LUNKNOWN) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and or PART I. DEATH WAS CAUSED BY: 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and or PART I. DEATH WAS CAUSED BY: 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and or PART I. DEATH WAS CAUSED BY: 19. DATE OF OPERATION 19. DATE OF OPERATION 19. CONDITION FOR WHICH OF OR ONTRIBUTING TO DEATH (IF ETHER, NOTEY MEDICAL EXAMINER) 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTEY MEDICAL EXAMINER) 210. TIME OF INJURY HOUR A.M. MONTH DAY 110. CITY OR TOWN OF DEATH (IF THE OF IN) URY HOUR A.M. MONTH DAY 111. NAME OF HOSPITAL, NURSING 112. CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTEY MEDICAL EXAMINER) 210. TIME OF INJURY HOUR A.M. MONTH DAY 114. FATHER'S NAME 115. CITY OR TOWN OF DEATH (IF ETHER, NOTEY MEDICAL EXAMINER) 216. NOT WHILE AT WORK 217. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF ETHER, NOTEY MEDICAL EXAMINER) 218. CAUSE OF DEATH (IF THER NOTEY MEDICAL EXAMINER) 219. PLACE OF INJURY 119. CONDITION FOR WHICH OF CAUSE OF DEATH (IF ETHER, NOTEY MEDICAL EXAMINER) 210. TIME OF INJURY 119. CONDITION FOR WHICH OF CAUSE OF DEATH (IF ETHER, NOTEY MEDICAL EXAMINER) 210. TIME OF INJURY 119. CONDITION FOR WHICH OF CAUSE OF DEATH (IF ETHER, NOTEY MEDICAL EXAMINER) 210. TIME OF INJURY 119. CONDITION FOR WHICH OF CAUSE OF DEATH (IF ETHER, NOTEY MEDICAL EXAMINER) 210. IN WHILE CAUSE OF DEATH (IF THE OTHER NOTEY MEDICAL EXAMINER) 210. CONDITION FOR WHICH OF CAUSE OF DEATH (IF THE OTHER NOTEY MEDICAL EXAMINER) 210. TIME OF INJURY 119. CONDITION FOR WHICH OF CAUSE OF DEATH (IF THE OTHER NOTEY MEDICAL EXAMINER) 210. TIME OF	DEPARTMENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH I. DECEASED NAME ITYPE OR PRINTI BERTHEL J. BIRTHPLACE ISTATE OR FOREIGN ON THE STATE OR FOREIGN OR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR REGISTRAR I. DECEASED NAME II. DECEASED NAME III. DECEASED NAME III. DECEASED NAME III. NAME OF MOSPITAL, NURSING HOME CONTINENT NAME III. NAME OF MOSPITAL NURSING HOME CONTINENT NAME III. NOR INSURANCE AND CONTINENT NAME III. NOR INSURED CONTINENT NAME III. NOR INS

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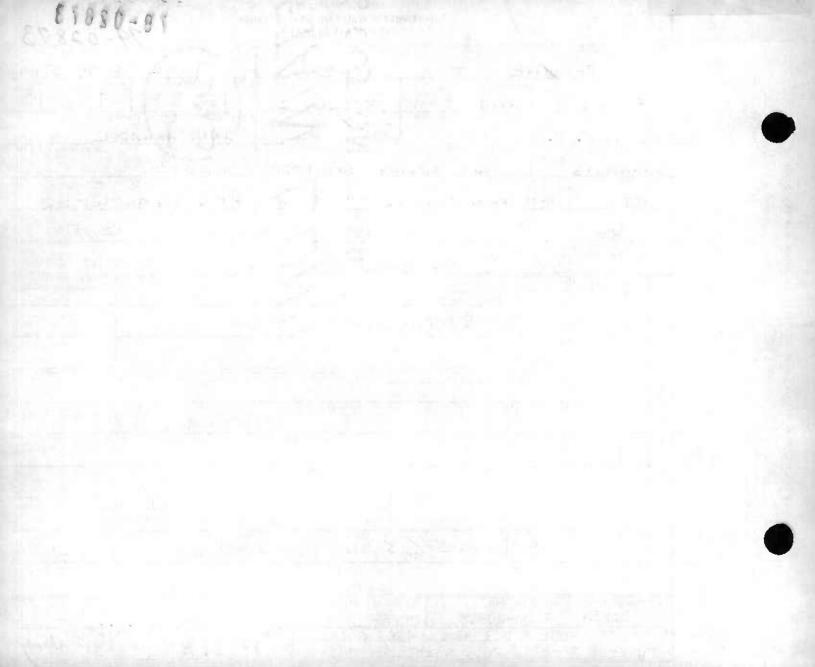
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20. DATE KNOWN TX 2b. HOUR (TYPE OR PRINT) ESTI-HENRY LOCKE DEATH MATED 19 79 3. SEX 4 RACE 6 AGE (IN YEARS IF UNDER 1 YR 5 DATE OF BIRTH IF UNDER 24 HRS. 2d. HOUR DATE PRONOUNCED 8:00P 44 YRS Dec. 9.1934 Male White DEAD 19 79 To BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED FOREIGN COUNTRY Ridgewood. N.J. U.S.A. WIDOWED Anne Arundel County, FILED, NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126, KIND OF BUSINESS. OR INDUSTRY Roofing Roffer Anne Arundel, MD. Rt. 50 Toll Lane #8 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 425 13a STATE Md. Wicomico Hebron 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Locke MIDDLE Benjamin Margaret Palmer 0 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES, NO. OR UNKNOWN) LUE VES GIVE WAR OR DATES 055-26-7735 Leona Locke. Hebron. Md. no DIVISI CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple injuries DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate REM cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) DIVISION OF VITAL RECORDS. CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? DEPARTMENT OF PRIOR TO BURIAL, C OF YES Z NO [21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOURX MONTH DAY same UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 6: 15P.M. 6 subject fell from truck and was run over 19 79 bv/ PRIOR 21e. PLACE OF INJURY (AT HOME 214 INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET WHILE AT WORK CITY OR TOWN STATE STATE [Rt. 50 street MD Autopsy X 220. I certify that I took charge of the remains described above, held an Inspection and in my apinian Accident X Natural Lauses death resulted fram: Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL TO MEDICAL E
EXECUTE THE C
PAGE 4 SHOU
TO FUNERAL I
AFTER-DEATH,
BALTIMORE, MA M.D. Deputy Chiefedical EXAMINER 2/7/79 SIGNATURE SIGNED EXAMINER'S NAME Thomas D. Smith, M.D. 111 Penn St. Balto., MD. (TYPE OR PRINT) ADDRESS 230. BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY Burial Bivalve, Wicomico, Md. Feb. 10.1979 Bivalve Cemetery BP INERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5)) Easton. Md. 30M 7/73

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10.35

T. C. IV

-		1.	FOR STATE REGISTRAR		DEPARTMENT O	ATE OF MARYLAND FHEALTH AND MENTAL HYO IFICATE OF DEATH	GIENE REG, NO.	79-02873	
	 5		CEASED NAME FIRST	MID	DI€	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR	
y be	roge 3	15	CAROL	INE -	Τ.	LOWE	2	18 79 5: PM	М
4 moy	2	3. SE	X	4. RACE		E OF BIRTH NTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS	
Poge	director, phours after		FEMALE	White		3 26 22		RS.	
ط خ	D P P	7a. B	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WE	HAT COUNTRY? B MAR	RIED NEVER MARRIED	9. BALTIMORE CITY OR COL	JNTY OF DEATH	
death.	within 72 h	W	ash., D. C.	USA			ANNE ARL		D.
urs after	by the filed with	A	NNAPOLIS	(IF NOT IN SUCH F.	ACILITY, GIVE STREET ADDRESS)	L GEN, HOSP	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) Housewife	12b. KIND OF BUSINESS OF INDUSTRY	R
hin 24 hours	should be in	1843a. S		NAE PRUNDEL	VE RESIDENCE BEFORE ADMISSION CONTY OR TOWN THE TOWN KIRK	13d INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN NA	13e STREET ADDRESS R+ 2 BOV	96 LOT 112	
ited within	ampletel and 2 s		Max	WIDDLE	Buono	Mich	naelena	Cabellla	
be execu	S. Pages 1		VAS DECEASED EVER IN U.S. (15 yes, no or unknown) (16 yes, NO	ARMED FORCES? 16	578-26-30		ADDRESS e, Husband,	Same as Above	Ī
equires that the death certificate	n signed by the attending physicia Then please remove carbonpopers to burial, cremotian, or removal. injury, or other troumatic event, the	NO	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DIATE CAUSE (0) DUE TO, OR A (b) DUE TO, OR A	S A CONSEQUENCE OF		NINAL DISEASE OR CONDITION	GIVEN IN PART 1(0)	_
ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours attending physician.	nsit has been sit permit. I giene prior shows any i	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITIO	ON FOR WHICH OPERAT	ION WAS PERFORMED		F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO NO	
SICIAN: ng physic	the burial-transit ond Mental Hygie and Mental Hygie and ar Item 18 sho		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE EITHER, NOTIFY MEDICAL EXAMIN	DEATH HOUR A.M.	VAULY MONTH DAY YEA 1	·R	RED (ENTER NATURE OF INJURY IN ITEA	A 18, PART 1 OR PART 2)	
uG PHYS	fter this of as the bur hond Me orked ar b	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF (AT HOME, STREET	INJURY , FACTORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE	
of the haspital or	FUNERAL DIRECTOR: A uld be detached for use in the State Dept. of Heoli ORTANT; if Item 21 is mo		22a. Feetify that (I) (this has saw the deceased alive above, (I) (we) (did) (did) 22b. SIGNATURE	A Re	er deoth.			hour and from the causes stated 22c. DATE SIGNED	.1
TO HOSPITAL	TO FUNERAL should be det with the State IMPORTANT:	(:	iurial, cremation, remov Pecify Burial	AL 23b. DATE 2-23-79	CEdar	CEMETERY OR CREMATORY Hill Cem	23d LOCATION CITY OR TOWN	county State P.G., Marylan	
	6 50M 1/76 15 (4))		NAME TUNERAL DIRECTOR Robt		lm _{address} 4308 Suitland	Suitland 250. DAT	FEB 26 1979	GISTRAR'S SIGNATURE	



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injury, or other traumatic event, the medical examiner must be notified at an

IMPORTANT: If them 21 is morked or them 18 shows ony

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-02875

REGISTRAR		CERTIFICATE	JI DEATH	REG. NO.	EST
1. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	LAST	11-2-3-11	20. DATE OF DEATH MONTH DAY	YEAR 26 HOUR
Fran		Lynn		February 17, 1979	12:40p _M
3. SEX	4 RACE	5. DATE OF BIRTH	AV NEAD		NOER I YEAR IF UNDER 24 HRS
Female	White	Jan. 10	0, 1895	84 YRS.	HS DAYS HOURS MIN
Jo BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUN	MARRIED NE	VER MARRIED [9 BALTIMORE CITY OR COUNTY OF	DEATH
Maryland	U.S. ^A .	WIDOWED	DIVORCED [Anne Arundel	MD
Glen Burnie	11. NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE North Arundel	STREET ADDRESS; Hospital	INSTITUTION		26. KIND OF BUSINESS OR NDUSTRY
USUAL RESIDENCE (IF NURSING HOME 130. STATE 13b. CO Maryland A.	UNTY 13c CITY OR	rills YES		13-SIREET ADDRESS Mil	1 Road
14 FATHER'S NAME FIRST George	W. Swa		Frances		idwell
160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	GIVE WAR OR DATES) 219-	17 INFO 14-1748 10-3874-D	ROY B.	Carr 822 Ru	xshire Dr.
PART 2. OTHER SIGNIFICAN: PART 2. OTHER SIGNIFICAN: 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	T CONDITIONS CONTRIBUTIONS	2	nega	INAL DISEASE OR CONDITION GIVEN I	N PART 1(o) ERE FINDINGS USED G CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF E	ER) P.M.	DAY YEAR		YES NO PYS TED YES CED (ENTER NATURE OF INJURY IN ITEM 18, PART 1	
21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OI	FFICE, FARM, ETC.)	ATION REET	CITY OR TOWN	OUNTY STATE
sow the deceased alive above, (I) (we) (did) (did)	spital) attended the deceased from an analysis on a spital	19 7, and that in	(my) (our) opinion c	death occurred on the date and hour and	, that (I) (we) last d from the causes stated
226. SIGNATURE 226. PHYSICIAN'S NAME (TYPE	Like 1	DEGREE	ATTENDING PHYSICIAN		271. DATE SIGNED 79
Anastacio E	Subong, M.D.	>	Glen I	Crain Highway #102 Burnie, Md. 21061	
230 BURIAL, CREMATION, REMOVA (SPECIFY) Burial	2/20/79	Glen Haves	n Cem.	Glen Burnie, A	
24. FUNERAL DIRECTOR Raymond C. F.	ink Glen	Burnie, M	d . 250. DATE	REC'D, BY REGISTRAR 25b. REGISTRAR	SSIGNATURE

DHMH - 16 50M 7/77 (VR A 15 (4))

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				2 4 4	4	5 4

DHMH - 16 50M 7/77

(VR A 15 (4))

FOR

REGISTRAR

FIRST

WILLIAM

MIDOLE

Arnold

1. DECEASED NAME

- STATE

(TYPE OR PRINT)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

MADDY

79-02876

1979

REG. NO

MONTH

20 DATE OF DEATH

FEBRUARY

EST

2b. HOUR

IF UNDER I YEAR IF UNDER 24 HRS 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) 3. SEX MONTH YEAR Male Apri 1930 O. BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED ANNE ARUNDEL COUNTY est Virginia DIVORCED WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (FIFPE OF WORK FOR MOST OF WORKING LIFE) **INDUSTRY** HOSPITAL GLEN BURNIE ARUNDEL I nuck Univer onstruction Inne Arunde 13d. INSIDE CITY LIMITS? 28 Brooklield Rd 21122 asadena NO K YES [15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE MIDDLE Maddy Meadows ana Leonard ADDRESS 16h SOCIAL SECURITY NO 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YESANO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Same as #13 Lorene Maddy No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per line forga), (b), and jc PART I. DEATH WAS CAUSED BY 2001 IMMEDIATE CAUSE (0) pape Encephalforby Conditions, if ony, which gave rise to immediate couse ioi, stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 20b. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO [NO YES T 216. ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 19 21f. LOCATION WEDI 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK - 30 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an ond that in (my) (a) apinion death accurred an the date and haur and fram the causes stated obove, (H (we) (did) (did not) view the bady after death 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL DIRECTOR PHYSICIAN **PHYSICIAN** 22d. PHYSICIAN'S NAME (TYPE OR PRINT) MORE ANNAPOLIS BOUL DALJIT S. SAWHNEY, M.D. BURNIE. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) Burial Mc Cully F. H. Mtn. & Tick Nedk Rds. : Pasadena, Md

FEBRUARY 7, 1070 2:0	YECAM	", cn."	123111
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Prodocu	<i>\</i> , 45,	"","	torace)
1111 June 14 13	.1.2		- t)

REGISTRAR I. DECEASED NAME 2g. DATE OF DEATH (TYPE OR PRINT) 6 AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH MONT WIDOWED DIVORCED NAME OF HOSPITAL, DURBING HOME OR OTHER INSTITUTION SIDENCE BEFORE ADMISSION should be 13d INSIDE CITY LIMITS? 2 sh OTHER'S MAJDEN NAME MIDDLE WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO YES, NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one couse per lige for (a), (b), and (c). PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE IO 1 on love to DUE TO OR AS A CONSEQUENCE Conditions, if ony, which gove rise to immediate DUE TO, OR AS A CONSEQUENCE OF couse (o), stoting the underlying couse ö PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 0 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? p Mentol Hygiene NO 21g. ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE AT WORK 22a.l certify that (I) (this hospital) attended the deceased fram sow the deceased alive on and that in (my) (opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF should be deto with the Stote [PHYSICIAN , DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS

REG. NO

HOURS

BALTIMORE CITY OR COUNTY OF DEATH

anne aruna

126 KIND OF BUSINESS OR INDUSTRY

BETWEEN ONSET AND DEATH

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH? YES [

NO [

COUNTY

that (I) (we) last

DHMH - 16 50M 1/76

(VR A 15 (4))

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

GIETRAR 256. RECESTEAR'S SIE

1 .			1	STATE OF MARTLAND
				DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-02879
	es.	e .:		CERTIFICATE OF DEATH
	y be	Dept.		ECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR
	may	0		Type or print) Edulard frey tag Mills Boy 19egs AM
	3e 4	/ M.	3. 5	EX A 4. BAGE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	Page	32		MALE Caucasian May 18, 19/3 lost birthday YRS. MONTHS DAYS HOURS MIN
	oth.		70	
	ab T	fune d	COU	nto)
	after death.	o = /	110	WIDOWED DIVORCED HATTHE DIVORCED Md. 11. NAME OF HOSPITAL OR INSTITUTION (NEW FOR TOWN OF DEATH) 11. NAME OF HOSPITAL OR INSTITUTION (NEW FOR TOWN OF DEATH) 12. USUAL OCCUPATION (Kind of work done 12b. Kind of Business or
=	haurs	by the day the day the	10.	OPTIOR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (No in hospital) 120. USUAL OSCUPATION (Kind of work done gives yet address of during post of porting fire, even if retired.)
120	hai	5 5 5	1/	Thrapois Pringer Munder veneral Test Tool
0 2	24	d 2 sho	230.	USUAL RESIDENCE (Where deceosed lived, in institution; Residence before 12. LITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13d. OLINTY YES TO NOT THE PROPERTY OF THE PROPERTY O
IAN	within	bud dil		ission) STATE 19d. If the forunde of mazolis YES NO VOS Rosecrest Ur.
ARY		l onc l	14.	FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost
×	ted		1	Edward F. 1911s 19ary Freytag
ORE	executed	- F	160	WAS DECKASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT / Address
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	pe e		1	(es, po. Manknown) (If yes give war or dates of service) 040-01-7927 Liberty 1, 1911/5
BAL		sician an pap event,		18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) APPROXIMATE INTERVAL BITWEEN ONSET AND GEATH
E	certificate			PART I. DEATH WAS CAUSED BY: \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
E	ŤĮ.		13	IMMEDIATE CAUSE (0) VIKAL TEPATION IMMEDIATE CAUSE (0)
S		remave c		O J DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gove)
10	death	rema		rise to immediate couse (o). (b)
RES	the d			stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF
>	=		100	lost. (c)
>	that	- c		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
30	es	9 _	2	MALIGNANT LYMPHOMA
RDS	requires	permit.	A E	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
60		been sign t permit. cremation,	CERTIFICATION	YES NO KAUSES OF DEATH?
X	law cian.			21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)
=	The	te has I-trans	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notity medical exominer) P.M.
7		fica prio to	MED	OLI INILIDA OCCUPATA DI ANTI DE INILIDA CATANANTA CATANA
N	PHYSICIAN: offending s	certi the by prior		The state of the s
ISIC	HYS	U)	13	of work of work
2		After thing use as Hygiene	13	22a. I certify that (1) (this haspital) attended the deceased from Aub , 19 0, ta 0, ta 19 1, that (1) (we) last saw the deceased alive on 24 19 4, and that in (my) (aur) apinian death accurred an the date and haur and from the
	NO TO	Afte or us Hyg		causes stated abave, (1) we) (did) did not) view the body after death.
	ATTENOING haspital ar	# ² =		22b. SIGNATURE 22c. PATE SIGNED
		RECTOR: stached for demand		DEGREE PHYS. DEGREE PHYS. DIRECTOR D STAFF DIRECTOR D PHYS. D 2/26/79
	the s	DIRECTOR detached and Ment	1	22d. PHYSICIAN'S 22e. ADDRESS
	TAL	1 9 F		NAME(TYPE) ENCER W. COLEJIL 121 CATHEDRAL ST ANNAPOUS Md.
	HOSPITAL etained by	o FUNERAL should be of Health	230	
	reto	shou of h	230	BURIAL, CREMATION, 23b. DATE 23c NAME OF CEMETER OR CREMATORY 23d. LOGATION (City or Town) (County) (Specify)
	-	-	27	PUMERAL DIRECTOR ADDRESS A 1/250. REC'D BY REGISTRAR'S SIGNATURE
	DHMH	-16 1/71 30M	Vi	he the last the state of the st
		(VR A15 (4))	14	MINISTERIOR JONE CHINAGE OF 141. DATE

Catonsville, Maryland 2 228

(VR A 15 (4))

MacNabb Funeral Home

Maite Pet A, 1894 Silver Silve

James S. Kirkley, Glen Burnie, Md.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

IF UNDER I YEAR

COUNTY

INDUSTRY

COUNTY

1070

22c DATE SIGNED

STATE

STATE

Retired

Emmett

DAYS

IF UNDER 24 HRS.

DHMH - 16 50M 7/77 (VRA 15(4))

FOR

REGISTRAR

- STATE

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.T.M . MOUNT GOTSON

OLEH BUCKIE, MARYLAND 21061

within 24 hours ofter

requires that the death certificate be

OR ATTENDING PHYSICIAN: The

TO HOSPITAL

etoined by the hospital or attending physician.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	L	REGISTRAR			CERTIFICA	TE OF DEAT	H	REG.	NO. 7	9-02	883
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ony ii	CERTIFICATION	190 DATE OF OPE	RATION	196 CONDITION FOR WHICH	OPERATION W	'AS PERFORMED		20a AUTOPSY?	20b. IF Y	ES, WERE FINDI	NGS USED
SMC	Ĭ							YES NO		TIFYING CAUSES	OF DEATH?
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E 7		OR CONTRIBUTING		HOUR A.M. MONTH DA	Y YEAR						
10	MEDICAL	21d. INJURY OCC		21e. PLACE OF INJURY	211	LOCATION					
rked	¥	WHILE NO	WHILE WORK	(AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC.)	STREET		CITY OR T	OWN	COUNTY	STATE
is mo				ottended the deceased from	1117	, 19.		, to 2/2	779	. 19	that (f) (ma) last
121			osed alive on	ew he body ofter death.	, ond th	ot in (my) tour)	opinion deo	th occurred on the	dote and h	our and from the	couses stated
T, If Item		22b. SIGNATURE	Walt	rins In	DEG	ATTEN	IDING A	MEDICAL ST	AFF ICIAN	27c. DATE 2/2	SIGNED
TAN-	1	226. PHYSICIAN'S	NAME (TYPE OR PRI	NT)	22	e. ADDRESS	11	1 1	21	,	11
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BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbompopers. Pages I and 2 should be filed with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DHMH - 16 50M 7/77 (VR A 15 (4))

230 BURIAL, CREMATION, REMOVAL

23b. DATE

FOR

23c NAME OF CEMETERY OR CREMATORY

231 LOCATION CITY OR JOWN

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79=02885 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR (Type or print) PHELPS Month EXIE LUDELL 3 SEX 4. RACE 6. AGE (In years S. DATE OF BIRTH IF LINDER I YEAR 1F LINDER 24 HRS last birthdoy) OAYS July 21, 1896 White Female 7a. BIRTHPLACE (State or Toreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Anne Arundel County. U.S. DIVORCED | Maryland WIDOWED | 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind al wark dane 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12h KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) INDUSTRY Glen Burnie DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Arundel Hospital salesperson 13a. USUAL RESIDENCE (Where deceased lived, it institution; Residence before 113c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY A . A . admissian) STATE Md. Brooklyn 13 W. Third Ave. YES NO X 14. FATHER'S NAME Middle Last 15. MOTHER'S MAIDEN NAME First Middle First Last George Phelps Α. Clara Biggs AddressGlen Burnie, M 16b. SOCIAL SECURITY NO. 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (Yes, no, or unknown) (If yes give war or dates of service) Leola Phelps, 303 Ferndale Rd. 212 24 7758 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY hamity IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (anditions, if ony, which gave) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗍 NO K 21a. ACCIDENT WAS 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) UNDERLYING -216. TIME OF INJURY DR CONTRIBUTING CAUSE OF DEATH Manth Day Year HOUR A.M. (If either, notily medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town County State While Nat while at work 22a. I certify that (I) (this hospital) attended the deceased fram 8/28, 19 that (I) (we) last saw the deceased alive an 21179 19, and that in (my) (our) apinion death accurred an the date and hour and from the causes stated abave, (1) (we) (eigh) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED STAFF DEGREE DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS 121 Cathedral St., Annapolis, Md NAME (Type) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, (County) (State) Glen Haven Mem.Pk. Glen Burnie, A. A. Co. ADDRESS 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE eorge J. Gonce, 4001 Ritchie Hg., Baltimore EB 4 1970

(VR A15 (4)

19-02885 THE STATE OF THE S The late of the late of

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME o. DATE KNOWN 2b. HOUR (TYPE OR PRINT) S. NECESSARY, PLEASE
E. FUNERAL DIRECTOR.
E. S. FOR YOUR FILES.
ED., WITHIN 72 HOURS
W. PRESTON STREET, OF ESTI- . 110 DEATH MATED 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS. DATE 2d. HOUR LAST BIRTHDAY PRONOUNCED 82 YRS DEAD 19. 76. BIRTHPLACE (STATE OR CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY U.S.A. MARYLAND WIDOWED X DIVORCED THE FU AGE S FILED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY RETAIN OULD B 13a. STATE 13b. COUNTY 13c. CITY OR TOWN 13e, STREET ADDRESS 13d. INSIDE CITY LIMITS? MARYLAND ANNAPOLIS 914 Central Street A.A. NO [OFVITAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME ON MIDDLE FIRST LAST MIDDLE AND DANIEL GARRETT ANNIE BORDLEY FORM 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO ADDRESS Balto. Md. DIVISION AGES (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) NO ISABELL FIGGS 1100 Bolton St. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY HYGIENE IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF AND MENTAL HY Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last 8 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) OF HEALTH A CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES | NO 8 SHOULD BE BURL 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR HOUR A.M. MONTH DAY YEAR 3 SHC DEPART MEDICAL CONTRIBUTING CAUSE OF DEATH PM 21e. PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK DIRECTOR: 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinian CERTIFIC death resulted fram: Nototal causes Hamicide Undetermined manner TITLE (SPECIFY ACTUAL TO MEDICAL E EXECUTE THE PAGE 4 SHOU TO FUNERAL I AFTER DEATH, BALTIMORE, MA SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY d LOCATION COUNTY STATE BREWER HILL CEMETER BURTAL BP Annapolis Maryl and 24 FUNERAL DIRECTOR 25g, DATE REC'D. BY REGISTRAR 125b, REGISTRAR'S SIGNATURE **DHMH - 17** Annapolis, Md. ADDRESS (VR A15 ME (5)) LLIAM REESE & SONS MORTHARY 15M 7/77

79-02888 A set Street 157 domenolis, in.

ADDRESS Balto 21225

FOR

REGISTRAR

24 FUNERAL DIRECTOR

George J. Gonce 4001 Ritchie Hgwy

DHMH - 16 50M 7/77 (VR A 15 (4)) - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

79-02889

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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19-02893 Telanor de la Telanor The . Decide a management and the contract of . The state of the

death. Page

executed within 24 hours ofter

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

or offending physicion.

retoined by the hospitol

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND

02006

1 - STATE REGISTRA	AR	DEPA		ICATE OF DEATH	REG. NO.	9-1120	74				
1. DECEASED N.	AME FIRST	MIDDLE		LAST	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR				
(TIPE OK PRINT)	01ive	V	ROSSBA	ACK	February 2	5, 1979	5:25A				
3 SEX		4. RACE	5. DATE O		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS				
Female		Cauacasian	June	17, 1905 YEAR	73 _Y	MONTHS DAYS	HOURS MIN.				
7a. BIRTHPLACE COUNTRY)	STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTE	RY? 8	D NEVER MARRIED	9 BALTIMORE CITY OR COU	INTY OF DEATH					
Virginia		USA	WIDOWI		Anne Arundel		٨				
10 CITY OR TOV	VN OF DEATH	11. NAME OF HOSPITAL, NUR		OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)		F BUSINESS C				
Annapol	is	Anne Arundel G		Hospital	housewife	own 1	home				
USUAL RESIDENTIAN STATE Marylan	13b COU	or other institution, give residence be INTY 13c. CITY OR TO e Arundel David	NWC		13e STREET ADDRESS 1515 Governor	s Bridge	Road				
14. FATHER'S NA	AME ST	MIDDLE LAST		15. MOTHER'S MAIDEN NAM	WE	LAS					
	SED EVER IN U.S. A	Swink RMED FORCES? 166 SOCIALS	CUDITY NO	Virginia 17. INFORMANT		wink					
(YES, NO OR UN		VE WAR OR DATES)			ADDRES 1 51	7 Govenor	rs Brid				
no		218-42-	4463	Russell O. Rossback Davidsonville, Md							
18 CAUS	DEATH WALL CALL	only one couse per line for (o), (b),					MATE INTERVAL ONSET AND DEAT				
T ANT	IMMEDIA	ATE CAUSE (0) Cardiac	arrest	t immediat							
141	0-		ue to, or as a consequence of								
	ns, if ony, which	(b) Acute my	ocardia	al infarction	1 day	7					
couse	se to immediate of, stating the ng couse last		DUE TO, OR AS A CONSEQUENCE OF CORONARY heart disease								
	THER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 16	D				
Chr	. bronchi	tis, Peripheral	neuro	pathy cause?,	Obesity, osteo	arthritis	3				
Y 19a DATE	OF OPERATION	196 CONDITION FOR WH	ICH OPERATIO	N WAS PERFORMED	FYES, WERE FINDIN	GS USED					
Non	e	NA			YES NOXX	YES [NO [
21a ACCID	ENT WAS UNDERLYING		DAY VEAD	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEA	18, PART 1 OR PART 2)					
OR CONTRI	BUTING CAUSE OF DI	LATE TO SERVICE STATE OF THE S	DAY TEAR								
(IF EITHER, I	NOT WHILE	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	CE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE				
	22a.1 certify that (I) (this happing attended the deceased from February 71 to February 25, 1979 that (I) (1980) la										
	sow the deceased alive on the body after death.										
22b. SIGN		1571		DEGREE		22c. DATE	SIGNED				
CA	varles 1	1. Kmzan		ATTENDING PHYSICIAN 🛣	MEDICAL STAFF DIRECTOR PHYSICIAN	Feb 2	25,1979				
22d. PHYS	ICIAN'S NAME (TYPE	OR PRINT)		PHYSICIAN ☑ DIRECTOR ☐ PHYSICIAN ☐ Feb 25,1979							
				16 Murray Av., Annapolis, Maryland 21401							
Char	les W. Ki	nzer, M. D.		16 Murray Av.	. Annapolis M	Jarvland 2	21401				

BP. DHMH - 16 50M 1/76

(VR A 15 (4))

should be detached for use on the burjot-transities been signed by the attending physician and completely filled in by the funeral directions as the burjot-transit permit. Then please remove carbonpopers Pages 1 and 2 should be filed within 72 househops with the State Dept of Health and Mental Hygrene prior to buriot, cremation, or removal.

Feb Burial 24 FUNERAL DIRECTOR

Home,

Funeral

ODRESS

St.

West

1212

crest Cemetery

23d. LOCATION CITY OR TOWN COUNTY Annapolis. Md.

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Md. Anna.,

79-02895

REG. NO 20 DATE OF DEATH MONTH Feb. 12, 1979 0645A. IF UNDER I YEAR DAYS HOURS

BALTIMORE CITY OR COUNTY OF DEATH

Anne Arundel County (TYPE OF WORK FOR MOST OF WORKING LIFE)

INDUSTRY Federal Civil Service Apt. 201

3602 Edison Street, Alexandria Newton

COUNTY

ADDRESS Alexandria, VA 307 East Oford Avenue

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH minutes

Urbanna

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH? YES [

ond that in (my) (our) opinian deoth occurred on the date and hour and from the couses stated 22c. DATE SIGNED

Kimbrough Army Hospital Ft. Meade, MD Middlesex

24 FUNERAL DIRECTOR Bristow-Faulkner Funeral Home Saluda, Va. FE

DHMH-16 50M 7/77 (VR A 15 (4))

FOR

REGISTRAR

- STATE

1	-					STAT	E OF MARYLAND					
0	1	FOR - STATE REGISTRAR			DEPAI		ICATE OF DEAT			79-	028	896
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be fil	WSU	AL RESIDENCE (IF NURS		THER INSTITUTION	, GIVE RESIDENCE BE	FORE ADMISSION)						
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oges 1	16a \	WAS DECEASED EVER YES, NO OR UNKNOWN)		MED FORCES?	16b. SOCIAL SE	CURITY NO.	17 INFORMANT		ADDRE			
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y in	18	190/DATE OF OPERA	y cers &		ITION FOR WHI	CH OPERATIO	N WAS PERFORMED		On AUTOPSY?	20Ь. IF YES, WE		
ws o	CERTIFICATION	hilu 5 . 16	978	1	ratical		TO THE STER OWNED		ES NO	IN CERTIFYING		OF DEATH?
Hygie 18 sho	HE H	710. ACCIDENT WAS UNE	DERLYING	216. TIME C	OF INJURY		21c. HOW INJURY		(ENTER NATURE OF INJUR		OR PART 2)	NO 🗌
Mental Hy		OR CONTRIBUTING (M. MONTH	DAY YEAR	TO THE SE					
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se a se a ma		22a. I certify that (I)		ol rattended th	ne, deceosed from	m July	1/	18	10 19/	8 19	19.1	hot (I) (we) lost
for u		sow the decease	ed alive on_	Ten	Title dooth 19	79 1.0	nd that in (my) (our)	opinion deatl	occurred on the do	te and hour one	d from the c	ouses stoted
hed hed ept.		221/ SIGNATURE	1/.	()	offer deom.	111	DEGREE				22 DATE	IGNED 17
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- 5 3 4		BURIAL, CREMATION,	REMOVAL	23b. DATE	23	C NAME OF C	EMETERY OR CREMA	ATORY 2	3d. LOCATION CITY OR TOWN	cour		STATE
		urial		Feb. 21	.1979	Woodl			Baltimor			yland
6 50M 1/76		UNERAL DIRECTOR	Du ale	Two De	AOORESS	Marro		250 DATE RE	B 22 1970	75b. REGISTRAR	SSIGNATI	JRE Craily
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3	3	1.	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 79-	02897
e 4 may be	ctor, page 3 offer death		CEASED NAME OF FIRST OR PRINT)	A RACE CAUCASIAN	5. DATE OF BIRTH MONTH DAY YEAR ON	1()	PAY YEAR 26 HOUR 7 7 9 MM IF UNDER IVEAR 1F UNDER 24 HRS MONTHS DAYS HOURS MIN
ofter death. Pag	y the lateral directly and within X hours	7a. B	Duylfry)	76. CITIZEN OF WHAT COUNTRY? USA 11. NAME OF HOSPITAL, NURSIN	MARRIED NEVER MARRIED DIVORCED DISHOME OR OTHER INSTITUTION	9. BALTIMORE CITY OR COUNTY 120. USUAL OCCUPATION 170. OF WORKFOR MOST OF WORKING LIF	nde MD 12b. KIND OF BUSINESS OR
MARYLAND 21201 ed within 24 haurs o	mpletely filled in b and 2 should be fil	USU. 13a. S	THER'S NAME FIRST		ADMISSION) 13d. INSIDE CITY LIMITS?	130 STREET ADDRESS	
BALTIMORE, A	cian and can ers. Pages 1 c		10 -	WAR OR DATES)	17 INFORMANT 6926 Elmo C.	Rupert	##/3
W. PRESTON ST., at the death certifu	d by the attending physecse remove carbonpop eose remove carbonpop ol, cremation, or remove rrather traumatic event,		PART I. DEATH WAS CAUSE! IMMEDIAT Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause lost	DBY: PALICI	CARC CARC	MOMA	1 /2 - 2 4FA
ALRECORDS, 201 The law requires th	te has been signed signed signed signed signed prior to buring shows any injury, a	CERTIFICATION	190 DATE OF OPERATION NONE	ON E 196. CONDITION FOR WHICH	DEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES NO VERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH? S \(\text{\text{\text{NO}}}\)
DIVISION OF VITAL ING PHYSICIAN: The	Triffica ol Hy	MEDICAL CE	21g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	110110 1 11 11011711	21c. HOW INJURY OCCURS 19 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
DI AL OR ATTENDIN	AL DIRECTOR: Af erached for use a te Dept. of Health F. If them 21 is ma		22e. I certify that (I) (this hospit sow the deceased alive on, glove, (I) (wer (did) (did not 22b. SIGNATURE		DEGREE ATTENDING	death accurred on the date and hou	19, that (I) (we) lost r and from the couses stated 22c. DATE SIGNED 2 5
O HOSPITA	O FUNERA hould be do with the Stat		22d. AHYSICIAN'S NAME (TYPE OF	BY BY BY TR	270 ADDRESS RIVA	ROAD, ANNAP	مدري کم

Driving

COUNTY

MEDIC 21d. INJURY OCCURRED 211. LOCATION MPORTANT: If them 21 is marked ar 21e. PLACE OF INJURY CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK 22a. I certify that (1) (this hospital) ottended the deceased from sow the deceased alive on the body after death. and that in (my) (our) apinion death occurred on the date and hour and from the causes stated DEGREE MEDICAL ATTENDING DIRECTOR PHYSICIAN NAME (TYPE OR PRINT) 231 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMPTERY OR CREMATORY 23d DCATION 236. DATE nnapolis 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE A FUNERAL DIRECTOR

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

79-02837 TABLE SE LA CALLED PARTIES OF BUILDING B MATCHES THE MADDLESS TO SEE TO BE STORY SHEET THE Bereit Server 4984 Gerage Geragert British - Alleran Hilleran - Hilleran Paris the most second of the second of the second of the second

24 FUNERAL DIRECTOR

DHMH - 16 50M 7/77

(VR A 15 (4))

STATE OF MARYLAND

21229

ADDRESS

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

79

INDUSTRY

DAYS

IF UNDER 24 HRS

HOURS

12h KIND OF BUSINESS OR

LAST STERN

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

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STATE

MARYLAND

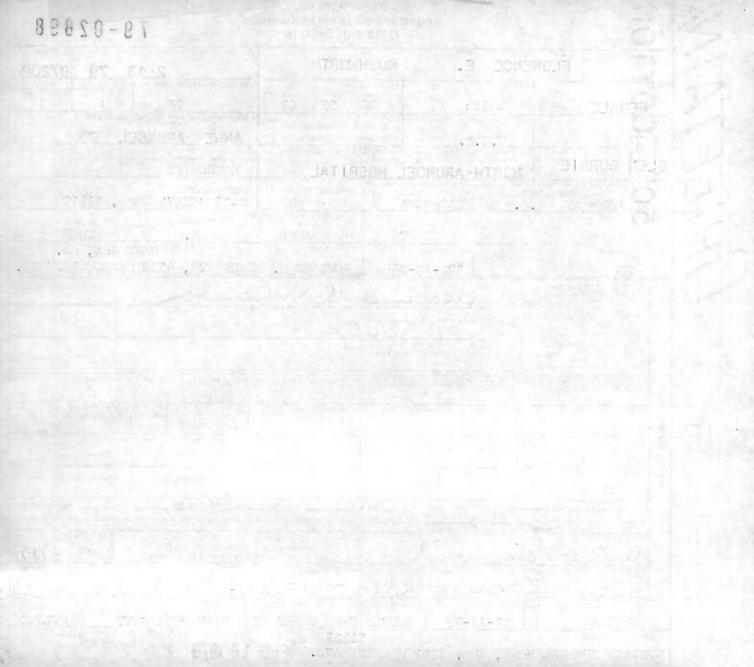
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250. DATE REC'D. BY REGISTRAR 251/8EGISTRAR'S GIGNATURE

22c DATE SIGNED

UNDER I YEAR



injury, or other troumotic event, the

IMPORTANT: If Item 21 is marked or Item 18 shows any

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physici should be detached for use as the buriol-transit permit. Then please remove corbon pape with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, as removal.

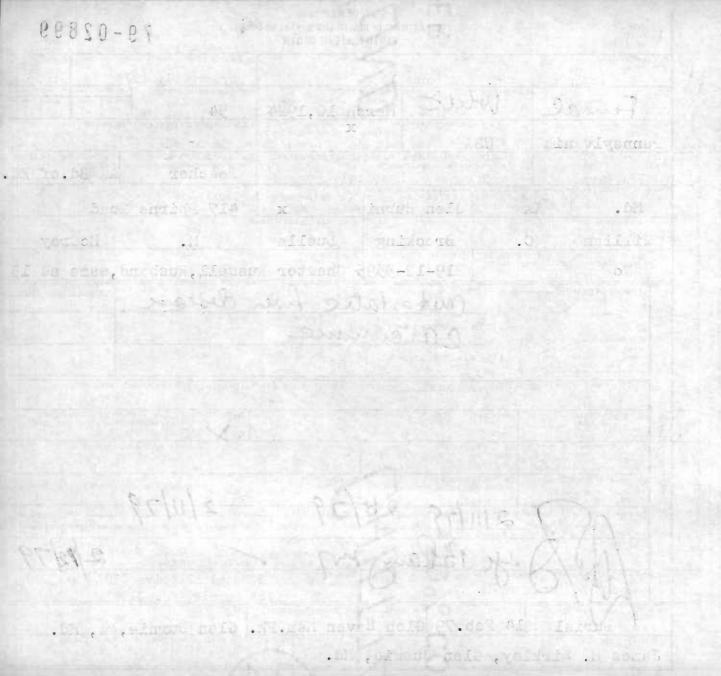
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

02000

1	- STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	19	- 020	EST
	CEASED NAME FIRST	٨	WIOOFE	ı	AST	20. DATE OF DEATH	MONTH	OAY YEAR	2b. HOUR
	Virginia	В.	Russ	ell		February 1	1, 197	79	5:05p A
3. SE	Femal	1 RACE	lute	5 DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIR		MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AAA PDIE	D NEVER MARRIED	9 BALTIMORE CITY		OF DEATH	-2
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	Glen Burnie	(IF NOT IN SUC North	Arundel	Hospi	tal	(TYPE OF WORK FOR MOST (TO Che)	OF WORKING LIF		d.of Ed
130.		ROTHER INSTITUTION, NTY	GIVE RESIDENCE BEFORE 13t. CITY OR TOW Glen B	N	13d. INSIDE CITY LIMITS?		irne	Road	
	ATHER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	ME		LAS	ST
	William	C.	Brook	ing	Luella	Μ.			Cray
16a \	WAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN)	MED FORCES? E WAR OR DATES)	219-12	-339	7 INFORMANT 5 Chester R	addr Russell, Hi		d,same	e as 13
	18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUSE IMMEDIA	nly one cause per ED BY: TE CAUSE (0)	line for (a), (b), and	sta	tic five	disea	n	BETWEEN	MATE INTERVAL ONSET AND DEATH
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	(b)	R AS A CONSEQUE	C1 1	ume				
NOI	PART 2. OTHER SIGNIFICANT	CONDITIONS <u>CC</u>	ONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON			
CERTIFICATION	190 DATE OF OPERATION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO YES NO			
MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEL	P./	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURE	RED JENTER NATURE OF INJU	RY IN ITEM 18, P	PART 1 OR PART 2}	
MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC.)	21f. LOCATION STREET	CITY OR TO	1-9	COUNTY	STATE
	220.1 certify that (1) (this hosp sow the deteosed alive on above, (1) wa) (did) (dig no	0	d pas d'from		nd that in (my) (our) apinion o	deoth occurred on the d	ote and hou		
	22b. SIGNATURE	rye	Bla	m		MEDICAL STA	FF CIAN 🔲	22c. DATE	279
	Jorge B. Rami	rez, M.	D.	0		Hospital In Burnie, N			
23a. I	BURIL, CREMATION, REMOVAL SPECIAL Burial	23b. DATE 14 Fe			emetery or crematory aven Mem.Pk				STATE
	uneral director ames S. Kirk	ley, G	len Bur	nie,	Md. 250. DATE	E REC'D. BY REGISTRAR			URE

DHMH - 16 50M 7/77 (VR A 15 (4))

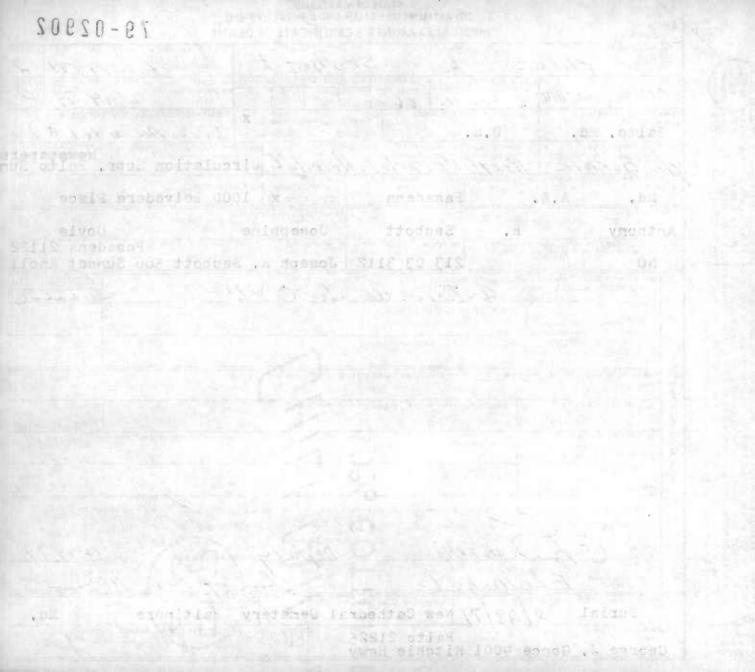
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STATE OF MARYLAND 79-02900 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME MIDDLE 20. DATE OF DEATH MONTH 7h HOUR (TYPE OR PRINT) 230 21 JOHN W. SELLMAN 14 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS m MONTH SAY 1 921 7 BIRTHPLACE ISTATE OR FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED U.S.A. ANNE ARUNDEL COUNTY WIDOWED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 17h KIND OF BUSINESS OR ARUNDEL GENERAL (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY ANNAPOLIS DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MARYLAND 21201 LISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13b. COUNTY 13d. INSIDE CITY LIMITS? 13. STREET ADDRESS 1185 Madison Street 0 YES F 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME 2 MIDDLE 0 SELLMAN EVA MIDDLE BTAS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO 17. INFORMANT LYES, NO OR UNKNOWN I (IF YES, GIVE WAR OR DATES) 1185 Madison St. Annapolis. Md ELIZA POWELL ŧ 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: DNUER IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF offe trour Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO OR AS A CONSEQUENCE OF underlying couse lost 0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110. CERTIFICATION 0 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? pri IN CERTIFYING CAUSES OF DEATH? has NO YES [NO [certificote Mental Hygi 21a, ACCIDENT WAS UNDERLYING 216. TIME OF INJURY Item 18 s 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART) OR PART 2) HOUR A.M. MONTH YEAR urial-tr OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER, NOTIFY MEDICAL EXAMINER P.M 19 20 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK 220.1 certify that (1) (the haspital) attended the deceased from saw the deceased alive an and that in (my) (aux) opinion depth accurred on the date and hour and from the causes stated above, (1) (we) (did not) view the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED * ATTENDING MEDICAL be deto e Stote [should be deto with the Stote IMPORTANT: II FUNERAL PHYSICIAN DIRECTOR PHYSICIAN 226 PHYSICIAN'S NAME (TYPE OR PRINT 22e. ADDRESS 0 231. NAME OF CEMETERY OR CREMATORY 23e. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION COUNTY STATE 3-1-1979 HOPES CHURCH CEME Edgewater Maryland 24. FUNERAL DIRECTOR DHMH-16 60M 1/73 25a. DATE REC'D. BY REGISTRAR 25b. RECUSTRAR'S SIGNA WILLIAM REESE & SONS MORTUARY, P.A. (VR A 15 (4)

				STATE OF MARYLAND	
1 7			FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	00001
13			STATE REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 9 - 1	12901
×			CEASED NAME FIRST		DAY YEAR 75. HOUR
			E OR PRINT)	OF ESTI-	
	PLEASE RECTOR. IR FILES. HOURS STREET,		Volis	Semble 9 DEATH MATED 12	12 1979 AM
	A D I D I D I D I D I D I D I D I D I D	3. SE)	4. RACE S DATE	OF BIRTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN, PRONOUNCED	DAY YEAR 2d. HOUR
	ARY, PLEASE I DIRECTOR. YOUR FILES. N.72 HOURS		M AV Z	MONTHS DATS HOURS MIN. I KONCONCED	2 1979 AM
	SAR ALL	Ta. B	RTHPLACE (STATE OR 76 CIT)	ZEN OF WHAT COUNTRY?	
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	がある。		/*/d.	WIDOWED DIVORCED LA PARTICIO	MD.
	· 一点的第三人称	10. CI		AE OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 1) OT IN SUCH FACILITY, GOVERNING LIFE)	2b. KIND OF BUSINESS INDUSTRY
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	ORDS		LE RESIDENCE (IF IN NURSING HOME OR OTHER IN	STITUTION, GIVE RESIDENCE BEFORE ADMISSION)	1
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DS,			PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	ING TO DEATH DUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
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RE		F	196. DATE OF OPERATION	9b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
Z Z	ドロエコカー	문			YES NO
DIVISION OF VITAL RECORDS,	ATE SHC WORD THE CH ID BE U KENT OF	CERTIFICATION	216 EXTERNAL CAUSE WAS 2	16. TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART	
9	CATI HE V THE TMEN			HOUR A.M. MONTH DAY YEAR	(2)
N O	E E D D E E	S	CONTRIBUTING CAUSE OF DEATH	P.M. 19	
151	S S S S S S S S S S S S S S S S S S S	MEDICAL	21d. INJURY OCCURRED	PLACE OF INJURY (AT HOME, 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUP	NTY STATE
á	WRIT WARDI AAGE A ATE D	Z	WHILE AT WORK AT WORK	SIRCEL, FACTORI, FARM, ETC.)	NIT STAIL
			AT WORK		
	XAMINER: ERTIFICATE, 1D BE FOR IRECTOR: F WITH THE S		22s. I certify that I taak charge of the	remains described above, held an Autapsy 🔲, Inspection 🖾, Inquiry 🛄, and in my api	nion
	AN FICTOR	12	death resulted from:	s , Accident , Suicide , Homicide , Undetermined manner ,	
	XAMIN ERTIFIC LD BE IRECTO WITH THE		60/1	TITLE (SPECIFY)	1/1
	MA WA	1	SIGNATURE O SUMMER	M.D. Depart of MEDICAL EXAMINER SIGNED	2/20/17
	MEDICAL CUTE THE SE 4 SHO FUNERAL ER DEATH		SIGNATOR	MILDICAL CAMMINER SIGNED	
	UNE DE		EXAMINER'S NAME ELONA	apold. Musil hel	
				ADDRESS ATTACK	
	TO PACE PACE PACE PACE PACE PACE PACE PACE	23q.B	URIAL, CREMATION, REMOVAL 236. DATE	234 NAME OF CEMETERY OR CREMATORY 234 LOCATION COM	TY STATE
	BP	1	1 () () () () () () () ()	26 179 MINE LAWN MEM. K. HANDDOIS G	I.H. Mld.
	DHMH - 17	24. F	UNERAL DIRECTOR	250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SI	GNATURE
	(VR A15 ME (5))	1	MINN KODEDISANIE	March & Quelo 70 18 MAFFB 23 1979 Libert	(Check)
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1002901 We have a second to the second BIRTH OF A LYMPHIC VERSION DE LA LINE DE LA COMPANION DE LA CO and the property of the property of the property of ALL WALL STREET white of a star of the in many broad string the Bloom NUMBER OF STANK MEETS CHARLES IN A MARIE TOYOU SEE A WARE



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages I and 2 should be filed within 72 hours ofter deat with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. with the State Dept. or recent and mental rygiene prior to borror, cremation, or emova. MPORTANT: If them 21 is marked or them 18 shows any injury, or other troumatic event, the medical exeminer must be notified at once. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 etained by the haspital ar

BP. DHMH-16 50M 7/77 (VR A 15 (4)) FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-02903

- 4		REOISTRAN			Laborator and the second			REG. NO.					
		CEASED NAME OR PRINT)	Richa		K.	Sha	ast aw		20. DATE OF DEATH		26 79	26 HOL	PM
	3. SEX	Mal e		4. RACE White		S. DATE O		28	6. AGE (IN YEARS LAST BIRT		IF UNDER I YEAR	IF UNDER	MIN.
5	cc	RTHPLACE (STATE OR DUNTRY)	A.	V	WHAT COUNTRY	WIDOWE		ORCED	Anne Arun	del Co	ounty	5 0.45 0.4	MD.
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3	13 a . S	TATE MD	1 POLATOLIN	OTHER INSTITUTION	\$12. CITY OD TO	ORE ADMISSION	134 INSIDE CI	NO 1	56 Rosewood	l trai	ller ct		
20		THER'S NAME FIRST HOWAP	10		AW		La		FANCE		LAS	Ţ	
2		AS DECEASED EVE ES, NO OR UNKNOWN		WAR OR DATES	23236		17. INFORMAL		SHAN	SS	ABO		
		PART I. DEATH	WAS CAUSE IMMEDIA1 y, which	D BY. E CAUSE (a)	Corle	or le	nes	Copl	Propose	eolar	Mee	MATE INTE	DÉATH
	NO	gave rise to in cause (a), stat underlying cause	ing the se last	(c)_	R AS A CONSEG		NOT RELATED	TO THE TERMIN	nal disease or coni	DITION GIV	EN IN PART 1(c	21	
9	CERTIFICATION	19a DATE OF OPER	ATION	196 COND	CH OPERATION	WAS PERFO	RMED	200. AUTOPSY? YES NO	IN CERTIF	S, WERE FINDING CAUSES		TH?	
9		210. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER, NOTHY MED	CAUSE OF DEA			DAY YEAR	21c HOW IN.	JURY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 1B, P	ART 1 OR PART 2]		
	MEDICAL	21d. INJURY OCCU	WHILE ORK		OF INJURY REET, FACTORY, OFFIC	E, FARM, ETC.]	21f. LOCATIO STREET	N	CITY OR TOW	IN.	COUNTY	S	TATE
		220.1 certify that (sow the dece above 11 (we) 22b. SIGNATURE	sed olive on		19	, an	DEGREE	., 19	mEDICAL STAI	te and hou		A	
1		22d, PHYSICIAN'S I	NAME (TYPE O	R PRINT]	0		22e ADDRES	5		/			
	(:	SURIAL, CREMATION SPECIFY REMS		236. DATE.	1	NAME OF CI	DA LE		23d LOCATION CITY OR TOWN		COUNTY		ATE
	24 FL	NERAL DIRECTOR	WEL	4	300	MAC	C	250. DATE	R 0 1 1979	256. REGIST	RAR'S SIGNAT	URE Ned	p.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Male Cauc. July 18, 1908 70 YES POWER 245 POWER 255 P	-	- STATE REGISTRAR		CERTIF	FICATE OF DEATH	REG. NO	19	- U Z	905
SEX SEX SEX Cauc. SEX SE			WIDDLE		LAST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
Male Cauc. July 18,1908 70 YES. MARRED NEVER MARRIED NOWER DISTRICT OF COUNTY OF DEATH NAME OF MOSPITAL NURSING HOME OF OTHER INSTITUTION (F. NOT NUMBER ASSISTED OF COUNTY OF DEATH III. NAME OF MOSPITAL NURSING HOME OF OTHER INSTITUTION (F. NOT NUMBER ASSISTED OF COUNTY OF DEATH III. NAME OF MOSPITAL NURSING HOME OF OTHER INSTITUTION (F. NOT NUMBER ASSISTED OF COUNTY OF DEATH III. NAME OF MOSPITAL NURSING HOME OF OTHER RISTRICTION. ON STREET ADDRESS) Annapolis Annapolis Annapolis Annapolis Anna Arundel Ceneral Hospital III. STAFET ADDRESS III. SOLIN'S COUNTY III. CITY OR TOWN MARYL and Anna Arundel Annapolis III. STAFET ADDRESS III. SOLIN'S COUNTY III. STAFET ADDRESS III. SOLIN'S COUNTY III. SOLIN'S COUNTY III. STAFET ADDRESS III. SOLIN'S COUNTY		Harry W	SMT	TH		February 3	4 1070		M
RECHTOR TOWN OF DEATH IN AMRE OF HOSPITAL NURSING HOME OR OTHER INSTITUTION Anna Arundel IS CITY OR TOWN OF DEATH IN AMRE OF HOSPITAL NURSING HOME OR OTHER INSTITUTION Annapolis Anna Arundel IS CITY OR TOWN OF DEATH IN AMRE OF HOSPITAL NURSING HOME OR OTHER INSTITUTION Annapolis Anna Arundel IS CITY OR TOWN OF DEATH IS CALLE (IF NURSING WORLD AND OF TOWN IN AMERICAN OR STREET ADDRESS) IS ASTAR MARY LAND IA FATHER'S NAME IN AMAY LAND IA FATHER'S NAME IF STAND IF S	3. SE	X	4 RACE			6 AGE (IN YEARS LAST BIRT			HOURS MIN
In course Marked					y 18,1908				
Annapolis	70 B1	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIE	ED INEVER MARRIED	9 BALTIMORE CITY O	R COUNTY C	F DEATH	
Annapolis Anne Arundel General Hospital TUMBS PART TUMBS PART PART	4	rid.	0 371	,		Anne Arung	le1	121 KIND O	MD.
STATE STAT	1		(IF NOT IN SUCH FACILITY, GIVE STREET	ADORESS)			WORKING LIFE)	COUSIE!	- FUNDALOR
18. STATE 18. COUNTY 18. CITY OR TOWN 19. INSECTIVE LIMITS 18. STREET ADDRESS 10.7 Phinps Lane 15. MOTHER'S NAME						Humbe	~	DE/T	TWHO YES
18. CAUSE OF DEATH Enter only one couse per line for (a), (b), and (ci)	130. 5	STATE 136 COUR	13c. CITY OR TOW		13d. INSIDECITY LIMITS?				
186 WAS DECEASED EVER IN U.S. ARMED FORCES? 186 SOCIAL SECURITY NO. 17/INFORMAN ADDRESS	-		<u>e Arundel Annapo</u>	lis		107 Phipps	Lane		
REAUSE OF DEATH Enter only one couse per line for 10 , (b), and (cu) PART I. DEATH WAS CAUSED BY MARDIATE CAUSE (D) Cardiac arrest (ventricular fibrillation inst.	24	ATHER'S NAME	MIDOLE LAST	1	FIRET			LAS	ST .
TYPES, NOT MASSION NO. The SECOND WAS DROATES) SUMMED AND STREET FROM PRICE OF STREET F	140 V	WAS DECEASED EVER IN U.S. AR	MED FORCES? THE SOCIAL SECT	IRITY NO	17 INFORMANT	ADDRE	65	Nec	
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PART L DEATH WAS CAUSED BY: MMEDIATE CAUSE (a)		18 CAUSE OF DEATH (Enter or	nly one cause per line for (a), (b), ar	nd (c).)				BETWEEN	MATE INTERVAL
DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse lot, storing the underlying couse lost DUE TO, OR AS A CONSEQUENCE OF (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING TO DEATH (IF ETHER, NOTEY MEDICAL EXAMINER) P.M. 197. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 216. HOUR A.M. MONTH DAY YEAR (IF ETHER, NOTEY MEDICAL EXAMINER) P.M. 198. DATE OF OPERATION 199. CONDITION FOR WHICH OPERATION WAS PERFORMED 216. HOUR A.M. MONTH DAY YEAR (IF ETHER, NOTEY MEDICAL EXAMINER) P.M. 199. MILLE AT WORK 216. LOCATION STREET, FACTORY, OFFICE, FARM, ETC.) 217. LOCATION STREET CITY OR TOWN COUNTY STATE TO FEB 24 1979 TO THE DECEMBEN OF THE STAFF TO THE STA		PART I. DEATH WAS CAUSE	D BY:		rrest (ventric	ular fibril	lation	ine	a.t-
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2726. SIGNATURE Charles W. Kinzer, M. D. PHYSICIAN MEDICAL STAFF PHYSICIAN DIRECTOR PHY				9				and from the	couses stated
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BUTIA 12-28-1979 HITTERST PAINTEDOIS A.H. I'VE		Burial	2-28-1979	4111	crest	HINATE	115 A	t.H.	MA.

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STATE OF MARYLAND

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0	1 -	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 7	3-02908
		CEASED NAME OR FIRST PRIST PRI	ert L RACE	S DATE OF BIRTH OAY YEAR AND AND YEAR AND Y	6 AGE (IN YEARS LAST BIRTH	ONTH DAY YEAR 26. HOUR 2 21 79 530 AM DAY) IF UNDER 1 YEAR IF UNDER 24 HRS. YRS HOURS MIN.
fied at once.	M	1.21,5,A	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED UNIONED DIVORCED NO CONTROL OR OTHER INSTITUTION ADDRESS)	9 BALTIMORE CITY OR 120 USUAL OCCUPATIO (TYPE OF WORKFOR MOST OF V	Arunde MD. N 126 KIND OF BUSINESS OR
medical examine (must be port	130 S	AL RESIDENCE (IF NURSING HOME OR O STATE 13b. COUNT ATHER'S NAME FIRST 5 VAS DECEASED EVER IN U.S. ARM (ES, NO OR BINKNOWN) (IF YES, GIVE W	THER INSTITUTION, GIVE RESIDENCE BEFORM I SPECITY OR TOWN A STATE OF THE STATE OF	POIS YES NOTHER'S MAIDEN NA FIRST	Labore 1729 St	
njury, ar ather traumatic event, the	NC	18 CAUSE OF DEATH Enter only PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last PART 2. OTHER SIGNIFICANT CO	BY: CAUSE (0)	CANCER ENCE OF	ninal disease or condi	BETWEEN ONSET AND DEATH O MONTHS TION GIVEN IN PART 1(0)
hows ony in	CERTIFICATION	190 DATE OF OPERATION		OPERATION WAS PERFORMED	YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
MPORTANT; If Item 21 is marked ar Item 18 sh	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a.1 certify that (1) this haspita saw the deceased alive or above (1) we (1) did (1) did not) 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE OR P	P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F 1) ottended the deceased from 21ew the body after death.	19 2) LOCATION STREET	CITY OR TOWN death accurred an the date MEDICAL STAFF DIRECTOR PHYSICIA	county STATE 7 9, that (1) (we) last e and haur and fram the causes stated 22c. DATE SIGNED
W	23a B	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE

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BP. DHMH - 16 50M 1/76 (VR A 15 (4))

FUNERAL DIRECTOR

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STATE OF MARYLAND 9-02909 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 2a DATE OF DEATH 2b. HOUR (TYPE OR PRINT) ELSIE STEWART 2 8 4 RACE 3 SEX 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH YEAR HOURS TEMALE BACK 0 BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED COUNTRY MARYLAND U.S.A. WIDOWED DIVORCED | ANNE ARUNDEL COUNTY IN CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY ANNABOLIS ANNE ARUNDEL BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? MARYLAND ANNAPOLIS 435 Second Street A.A. NO 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE **JERRY** EADES REBECCA HARRIED ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT LYES NO OR LINKNOWN) LIFYES GIVE WAR OR DATES) ed FRANCES McLLWAIN 435 Second St. Annapolis NC APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for to), (b), and (c) PART I. DEATH WAS CAUSED BY PRESTON ST. IMMEDIATE CAUSE to AS A CONSEQUENCE OF onditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 98 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [NOF certificate 6 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 710 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE 220.1 certify that (1) (this baspital) attended the deceased from sow the deceased alive on obove (1) (we) (did) (dig not) view the body ofter death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE 22r. DATE SIMMED STAFF ATTENDING should be determined the state IMPORTANT: DIRECTOR PHYSICIAN PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS 0 23d. LOCATION 23a. BURIAL CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE A.A. Maryland BURTAL 2-17-79 Annapolis PINELAWN MEM. PARK BP. Annapolis. Md. 250. DATE REC'D. BY REGISTRAR 256. CLISTAR'S STANDER. 24 FUNERAL DIRECTOR DHMH - 16 50M 1/76 WILLIAM REESE & SONS MORTUARY, P.A. (VR A 15 (4))

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STATE OF MARYLAND

DEDADTMENT OF MEALTH AND MENTAL HYCICUS

X	1.	STATE REGISTRAR			DLI ANI	CERTIF	ICATE OF	DEATH	REG.	_{NO.} 79	-029	10
		CEASED NAME OR PRINT)	FIRST		MIDOLE		AST		20 DATE OF DEATH		DAY YEAR	26. HOUR 5
		1	Mary		E	Ta	venner	c		2	7/1	1 PM
	3 SEX			4 RACE		S. DATE C		YEAR	6. AGE (IN YEARS LAST I	(RTHDAY)	MONTHS DAYS	HOURS MIN
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3010		RTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	B.	NEVER	MARRIED [9. BALTIMORE CITY	OR COUN	NTY OF DEATH	
575		aryland		U.S.	Α.	WIDOWE		NORCED	Anne Aru	ndel (County.	MD.
0 /1/2	10. CI	TY OR TOWN OF DE	ATH	11. NAME OF	HOSPITAL, NURSIN		R OTHER INS	TITUTION	120. USUAL OCCUPA	ATION	126 KIND C	OF BUSINESS OR
0/0/		nnapolis	ELIC HOUSE OF	Вау	Manor Nu	rsing	Home		Homemaker		G LIFE) INDUSTRY	
150	13a S	TATE	136 COUN	NTY	13c. CITY OR TOW	N ADMISSION	13d. INSIDE	CITY LIMITS?	13e. STREET ADDRES	S		
E ()		Md.	Howa	ırd	Elkridg	e	YES 🗌	NOXX	5552 Leve	ering	Avenue	21227
101	14. FA	THER'S NAME		MIDDLE	LAST		15. MOTHER	'S MAIDEN NA	ME		ŁA:	151
30	- 1.6	Unknown			Gannon				UNKNOW			
5		'AS DECEASED EVER		MED FORCES?	166 SOCIAL SECL	JRITY NO.	17 INFORM	ANT			ridge,Md	. 21227
EL	(,	No	(11 123, 0141	WAR OR DATES	None		Mrs.	Catheri	ine Tayenne			
jury, ar ather trou	N	Conditions, if any gove rise to im- cause (a), statii underlying cause	mediate ng the e last	(c)	R AS A CONSEQUE		NOT RELATE	D TO THE TERM	INAL DISEASE OR CO		GIVEN IN PART 11	Mare.
on sons on son s	CERTIFICATION	19a DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	OPERATIO	V WAS PERFO	ORMED	20a. AUTOPSY?	20b. IF	YES, WERE FINDII RTIFYING CAUSES YES	INGS USED S OF DEATH?
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			ed alive an	2 101	19_19_			our) opinion	deoth occurred on the	date and h	hour and from the	that (I) (we) last causes stated
		226. SIGNATURE	the	ush	1/2				MEDICAL ST	AFF SICIAN [2/c DATE	9/79
		22d RHYSICIANUS N	Vir	九	MI)		22e ADDRE	othic	in Md.	20	820	
	23a. B	URIAL, CREMATION,	REMOVAL					CREMATORY	Ad LOCATION		COUNTY	STATE
		Burial		2/14	/79 Ba	altimo	re Nat	ional C	em. Baltin	ore (ity. N	Md.

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending plashould be detached for use as the burial-transit permit. Then please remove carbane with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remi

TENDING PHYSICIAN: The

O HOSPITAL

etained by the hospital or attending physicia

24. FUNERAL DIRECTOR

Burial 2/14/79 Baltimore National Cem. Baltimore City,

AL DIRECTOR

Balto., Md. 21229 256. DATE REC'D. BY REGISTRAR 256 RESTRAR'S

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Hubbard Funeral Home, Inc. 4107 Wilkens Ave. FFB 1 3 1979

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20 DATE OF DEATH (TYPE OR PRINT) 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) 3 SEX 5. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS MONTH YEAR DAYS HOURS. 10 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE STATE OR FOREIGN MARRIED NEVER MARRIED U.S.A. DIVORCED WIDOWED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY W. PRESTON ST., BALTIMORE, MARYLAND 21201 ly filled in should be USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13e STREET ADDRESS 2438 Cedat Avenue 136 COUNTY 13d INSIDE CITY LIMITS? A.A. 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME 2 MIDDLE MARTHA MIDDLE Pu TAYLOR ARCHER 166 SOCIAL SECURITY NO ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT NO OR UNKNOWN) Richmond. Va. (IF YES, GIVE WAR OR DATES) Catherine St. ALMA RUFFIN APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse ò PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 0 190 DATE OF OPERATION CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED à CERTIFYING CAUSES OF DEATH? for use as the burial-transit per of Health and Mental Hygiene shaws NO [NO YES 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL Item (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK AT WORK 12 220.1 certify that (# (this hospital) attended the deceased from_ FUNERAL DIRECTOR: TER saw the deceased alive on the body after death. 21 and that in (my) (per) opinion death accurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED + ATTENDING MEDICAL STAFF shauld be deto with the State [PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 2-17-1979 BURIAL St. Level Church Ceme. Macklen Virginia BP. 24 FUNERAL DIRECTOR DHMH - 16 50M 1/76 Annapolis, Md ADDRESS (VR A 15 (4)) WILLIAM REESE & SONS MORTUARY, P.A.

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	It	ems #21a-21f F	ilm G528 2/14/79	T'STATE OF MARYLAND		
	1	FOR STATE	DEPARTA	MENT OF HEALTH AND MENTAL HYG	IENE 7 O	-02912
	1	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	-02312
		CEASED NAME FIRST OR PRINT)	MIDDLE	LAST	20 DATE OF DEATH MON	4-4
ge 3	1	FLICE	H H	I EUDNER	-	1-79 5 40 0 1
mo)	3 SEX		1 RACE	S. DATE OF BIRTH MONTH - DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY	Y) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
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	7a BI	RTHPLACE (STATE OR FOREIGN OUNTRY) POLAND	76 CITIZEN OF WHAT COUNTRY?	MARRIED- NEVER MARRIED	9 BALTIMORE CITY OR C	
deo de la			USA	WIDOWED DIVORCED	ANNE	ARUNDELCO.
ē 2 · 2		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET	IG HOME OR OTHER INSTITUTION ADDRESS)	120 USUAL OCCUPATION (TYPF-OF WORK FOR MOST OF WO	ORKING LIFE) INDUSTRY
rs of files		Rownsville	FAIRFIELD 1	VURSING CENTER	BLUE COLL	AR WORKER
MARYLAND 2120 ed within 24 hours mpletely filled in by ond 2 should be fill exerquine must bour	13a S	AL RESIDENCE (IF NURSING HOME COUNTY)		N 1134 INSIDE CITY LIMITS?	13e STREET ADDRESS	1
AND		MD. Cin	ty Baltin	MOIL YES NO [2843 K	rendan Ave.
within within d 2 sl	14. FA	THER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA	ME	LAST
MA MA		John	Rove	Mary		On Knawn
MORE,		VAS DECEASED EVER IN U.S. AI			ADDRESS	. 79 adamet to
Do on		No	VEWAR OR DATES) 212-09	-5779-0 Mrs. E.	igene P. Str	story - Surene Park.
BALTIMORE, cote be executivities and coppers. Pages val.		18 CAUSE OF DEATH (Enter o	inly one cause per line for 1, (b , on ED BY:	dic	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST.,	100		TE CAUSE (O) Pheu	moniqu		3 Days
ON the ce corb	W	486-	DUE TO, OR AS A CONSEOU	DISE OF 1	n	3 1 - 1/2
REST e dea move nation troun	5	Conditions, if any, which gove rise to immediate	(b) HID	tracture -		T week?
V. Ps		couse (a), stating the underlying couse lost.	DUE TO, OR AS MONSEOU		, /	2-3 V
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST ING PHYSICIAN: The law requires that the death certi- r attending physicion. When this certificate has been signed by the attending p of she buriol-transit permit. Then please remove carbon ith and Mental Hygiene prior to buriol, cremation, or ren orked ar Item 18 shows any injury, or other troumatic ev			(c) Peme			L3 Jears
DS, 20 quires signe hen pl ia bur	z			DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITI	ON GIVEN IN PART 1/0
been a prior to prior to any inj	일	190 DATE OF OPERATION		OPERATION WAS PERFORMED	POSITION 200. AUTOPSY? 20	b. IF YES, WERE FINDINGS USED
RECC.	FIC.	THE DATE OF OPERATION	198 CONDITION FOR WHICH	OFERATION WAS FERI ORMED	II.	CERTIFYING CAUSES OF DEATH?
VITAL VITAL N.: The roast property Hygier	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	7 21b. TIME OF INJURY	121r HOW INJURY OCCUR	YES NO	YES NO
OF VII		OR CONTRIBUTING AUSE OF DE	HOUR A.M. MONTH D	AY YEAR		TO THE TOWN AND LY
ON OF HYSICIA ding pl ins certif burial-n Mental	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d, INJURY OCCURRED	P.M. 12 2	16 78 Fell in Nu	rsing nome	
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DING or o ofth mork			Nursing Hor	10 76	1611	19_79_, that (1) Ove) last
OR: OR: or use	13		n 12-/30 19	ond that in (my) our) opinion	death accurred on the date of	and hour and from the causes stated
OR ATTE or hospite DIRECTO oched for Dept. of I f Item 2.1		22b. SIGN A URE	at) view the Fody after death.	DEGREE		22c. DAJE SIGNED
7 + 7 + 9		Joseph	41. Friend	Man ATTENDING	DIRECTOR PHYSICIAN	1/1/79
HOSPITAL ned by th FUNERAL Jid be deto the Stote	1	22d PHYSICIAN'S NAME (TYPE)	OR PRINT)	22e. ADDRESS	J DIRECTOR FITTSICIAL	
OF DE SE		VJOSED!	1 N. Frien	d 1616 For	est Mr.	Annovelis MI
OT of shoots	23a. B	SURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	1
A (4 / BP	(:	Rusia	1-4-79 B	illerest Cometer	CITY OR TOWN	COUNTY AA MAD
DHMH - 16 60M 1/75	24. FU	JNERAL DIRECTOR	-	as Relcher Her 250. DA	E REC'D. BY REGISTRAR 256.	REGISTRAR'S SIGNATURE
(VR A 15 (4))	1	Formal S. Ba	manco - ADDRESS	P. BO	AN 4 19/9	many or way

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-02913 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR (Type or print) Pauline Marie Tomlenovich 3 SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS DAYS last birthday) MONTHS SAHOR Female white April 16,1904 7b. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 8. MARRIED T NEVER MARRIED country) Butte Montana USA WIDOWED T DIVORCED Anne Arundel Co. 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital ID. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) 1626 CommancheRd. during mast of warking life, even if retired.) INDUSTRY DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Arnold letely filled is I and 2 sha 13a. USUAL RESIDENCE (Where deceased lived if institution; Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 136. COUNTY NO V Arnold 1626 Commanche Rd. A.A.Co. IS. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle Last Last Kosir Merhar Agnes 16b. SOCIAL SECURITY NO. 542-40-0205 17. INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Aileen Tindle same as 13E. (Yes, na. ar unknawn) (If yes give war or dates at service) no APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) _ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) rise ta immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Da. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO | YES 🗍 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) 21a. ACCIDENT WAS UNDERLYING 23b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Yeor (If either, natity medical examiner) | 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) | 21f. LOCATION | Street of R.F.O. No. 21d. INJURY OCCURRED City or Town County While Not while at work 22a. I certify that (1) (this haspital) attended the deceased from 11/1978, 19, to 12/199, 19, that (1) (we) last saw the deceased alive on 11/19919, and that in (my) (ver) opinion death occurred on the date and haur and from the couses stoted obove, (1) (wa) (did nat) view the bady ofter death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) (County) REMOYAL (Specify)
Burial 3/3/79 Mt Calavary Portland Oregon 25a. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR DHMH-16 1/71 30M 12 Ridgely Ave. Ann. Md. of B 2 Home (VR A15 (4))

STATE OF MARYLAND

	١.	FOR		DEPARTA		OF MARYLAND EALTH AND MENTAL HYG	IENE	7.0.0	0011
		- STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. N		2914
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director, po hours after o	3 SE	× F	4 RACE	/	S. DATE C	-25-043	6 AGE (IN YEARS LAST BIRT		TYEAR IF UNDER 24 HRS. DAYS HOURS MIN.
150 SA	1 0	RTHPLACE ISTATE OR FOREIGN WARYLAND	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE WIDOWE	DIVORCED	9 BALTIMORE CITY OF ANNE ARUN		
1 P		NAPOLIS	ANNE AF	OSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O		IND OF BUSINESS OR STRY
should be	130. 5	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	ITY	GIVE RESIDENCE BEFORE 13c CITY OR TOW ANNAPOLI	ADMISSION)	13d. INSIDE CITY LIMITS?	13e, SIREET ADDRESS 2438 Cedar	Avenue	
and 2 sha	14 FA	THER'S NAME SYLANIS	MIDDLE	GROSS	10	15. MOTHER'S MAIDEN NA/		BROWN	ĮAST
medical	16a V	VAS DECEASED EVER IN U.S. AR.	MED FORCES? WAR OR DATES)	166 SOCIAL SECU	RITY NO.	17. INFORMANT EMMA JONES 1	6703 Wardlo	w Rd Har	r Marlboro
has been signed by the atterpermit. Then please removes one prior to burial, cremation aws any injury, or other traum	CERTIFICATION	Conditions, if ony, which gave rise to immediate couse (o), stating the underlying cause last. PART 2. OTHER SIGNIFICANT C	(c)	ONTRIBUTING TO D	NCE OF SCLE DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON 200. AUTOPSY? YES NO	20b. IF YES, WERE F	
uis certificate burial-fransit Mental Hygie or Item 18 sha		2 to . ACCIDENT WAS UNDERLYING	21b. TIME O HOUR A.	M. MONTH DA	Y YEAR	21¢ HOW INJURY OCCURE			- 12
e as the burn alth and Me marked ar It	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE			211. LOCATION STREET	CITY OR TOV	VN COUNT	TY STATE
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(AL DIRECTOR: detached for us ate Dept. of He JT: If them 21 is		22b. SIGNATURE	1 Ste	-fell		ATTENDING PHYSICIAN	MEDICAL STAI		DATE SIGNED 1
should be deti with the State		HARVEY 3	F STE	INFEL	0	SHAO	yside .	rd 2	-0867
TO FUN should be with the IMPORT	23a. E	BURIAL, CREMATION, REMOVAL SPECIFY BURIAL		23€ №	IAME OF C	EMETERY OF CREMATORY	23d LOCATION CITY OR TOWN LOTHIAN	COUNTY	RYLAND
- 16 50M 1/76 R A 15 (4))		UNERAL DIRECTOR NAME I.T.T.A.M. DIFFERENCE C. C.	ONG MODE	ADDRESS	Anna	polis, Mo FE	REC'D. BY REGISTRAR	25b. RESSTRAR'S SI	helredy

118-02914 The state of the state of the 1 1 15 671 2 1 - 1 1 1 1 1 1 2 5

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-02915 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE L DECEASED NAME TYPE OR PRINT) Feb. 28, 1979 Harriet Ida Turner DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) 1 SEX HOURS May 23,1892 EAR 86 Female Caucasian BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVERMARRIED Anne Arundel Severn, Md. 12a USUAL OCCUPATION NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
Knollwood Manor PE OF WORK FOR MOST OF WORKING LIFE)
Domestic Retired Millersville DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 1069 Loving Road 13b COUNTY 131 CITY OR TOWN Md. AA Severn 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Carmella MIDDLE MIDDLE Clark Turner ADDRESS. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) Mrs. Doris M. Boyer, Severn, Md. 18 CAUSE OF DEATH Enter only one couse per line for PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE gove rise to immediate couse (o), stoting OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 206 IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES T 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK Sept.10 Feb. 22a.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on Feb. 28. above, (1) (we) (did) (did not) view the body after and that in (my) (our) apinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED 22b. SIGNATUR DEGREE ATTENDING MEDICAL March should be deto with the State IMPORTANT: I PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS Max Frank, M. D. Arundel Medical Group, Glen Burnie 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE Burial Mar.79 Friendship Cemetery Linthicum. 24 FUNERAL DIRECTOR DHMH - 16 60M 1/75 James S. Kirkley, Glen Burnie, Md. 21061 (VR A 15 (4))

STATE OF MARYLAND

Chair, Mandar Toller . 11 , 21 , 21 deverm a la divol coving told T. LONEL M. LAPON, LEWISH, L. .. Printer and the second of the ton coming m. J. College amendal sections coming, led burning ender the contract of the property of the sound of the contract of the contrac

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Jonny June L. Com, Mile Sept. M. Lineral ... Local

I. DECEASED NAME deoth (TYPE OR PRINT) 3 SEX 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) 1892 a To BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED avo WIDOWED DIVORCED [11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION BALTIMORE, MARYLAND 21201 JAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 15. MOTHER'S MAIDEN NAME MIDDLE 160 WAS DECEASED EVER ARMED FORCES 18 CAUSE OF DEATH Enter only one couse per line for PART I. DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., IMMEDIATE CAUSE TO Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO OR AS A CONSPOUENCE OF underlying couse fast PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 0 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 200 AUTOPSY? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased olive and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove the (did) (did not view the box 22b. SIGNATURE DEGREE ATTENDING N = MEDICAL PHYSICIAN DIRECTOR MPORTANT: 22d. PHYSICIAN'S NAME (TYPE OF PRINT 22e. ADDRESS ould b CREMATION, REMOVAL

236 DAT

MIDDLE

FOR

REGISTRAR

- STATE

79-02918

REG. NO

6

BALTIMORE CITY OR COUNTY OF DEATH

(TYPE OF WORK FOR MOST OF WORKING LIFE)

0

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

20 DATE OF DEATH

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

NAME OF CEMETERY OR

206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

COUNTY STATE

NO [

22c. DATE SIGNED STAFF

PHYSICIAN

COUNTY

Sh. REGISTRAR'S SIGNATURE

BP DHMH - 16 60M 1/75 230 BURIAL

(VRA 15 (4))

19-02918 The temperature of the second second water with the water with the water of the

STATE OF MARYLAND 79-02919 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20 DATE OF DEATH 26 HOUR (TYPE OR PRINT) 3. SEX DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS YEAR 70. BIRTHPLACE BALTIMORE CITY OR COUNTY OF DEATH COUNTRY NEVER MARRIED WIDOWED DIVORCED CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130 STATE
130 COUNTY
1130, CITY OF TOWAL 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE 60 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMAL (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) ja 18 CAUSE OF DEATH (Enter only one couse po PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate couse (0), stating the QUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED SE SE OR CONDITION GIVEN IN PART) DIVISION OF VITAL RECORDS, 0 ō CERTIFICAT 190 DATE OF OPERATION CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [YES [ansıt £ 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH ental Item MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M Ē 21d INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY STATE NOT WHILE WHILE ATWORK AT WORK 22a.1 certify that (I) (the oftended the deceased from_ sow the deceased alive on_ and that in (my) prince approximate and the date and hour and from the causes stated above, (1) (a) (did) (did) view the body ofter death. SIGNATURE DEGREE 271. DATE SIGNED ATTENDING STAFF M.V. PHYSICIAN DIRECTOR PHYSICIAN MPORTANT PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS ld b 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN Himore 24. FUNERAL DIRECTOR TRAR 256 GISTRAR'S SIGNATURE DHMH - 16 50M 1/76 (VR A 15 (4))

CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH 2b. HOUR TYPE OR PRINTS page 3 OX & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 5. DATE OF BIRTH MONTHS DAYS 7a. BIRTHPLACE 76 CITIZEN OF WHAT COUNTRY? ISTATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY WIDOWED DIVORCED CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR OT IN SUCH FACILITY, GIVE STREET ADDRESS) WORK FOR MOST OF WORKING LIFE) INDUSTRY NNNADOLL (renelal ICEMAN BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? BRORDWAL SUF EN HURST Li 01 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST 0 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO ADDRESS 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY PRESTON ST., IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last 0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OB CONDITION GIVEN IN PART 1101 DIVISION OF VITAL RECORDS, CERTIFICATION 0 prior 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? Hygiene ber NOF YES [NO sho urial-transit 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH and Mental MEDICAL Ε (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION arked ar AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK 220.1 certify that (1) (this hospital) attended the deceased from. , that (R (we) lost DIRECTOR 2-10 9. 76, and that in my (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE 22c. DATE SIGNED DEGREE *** ATTENDING MEDICAL should be deta STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANT NAME (TYPE OR PRINT) 22e ADDRESS 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION LEEN WOOT BP 250. DATE REC'D, BY REGISTRAR 256. 24. FUNERAL DIRECTOR REGISTRAR'S SIGMATURE DHMH - 16 50M 1/76 NAME (VR A 15 (4))

FOR

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-02922

24 hours ofter death. Page

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

BY REGISTRAR 256. REGISTRAR'S SIGNATURE

25a. DATE REC'D.

1	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	79-02923
	CEASED NAME FIRST	MIDDLE	LAST	26. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
(1177)	LYDa	H. U	UILSON	February &	25 1979 1:35 AM
3. SE	X	A RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS.
	F	WHITE	3 26 02	76 VI	MONTHS DAYS HOURS MIN.
	IRTHPLACE (STATE OR FOREIGN)	L CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BATTIMORE CITY OF TOU	NTY OF DEATH
	Pa.	USH	WIDOWED DIVORCED	HWUE HR	UNDEL MD.
10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL NURSIN	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS OR
140	NAPOLIS	1-1-1-9	EW 10>01-	HOUSEWIT	E HOME
130	AL RESIDENCE (IF NURSING HOME OR O	CITY OR TOW		13. STREET APTIMESS	WAS PULL
14. F	ATHER'S NAME	1	15. MOTHER'S MAIDEN NA		TOOD TIVE.
(HACKES "	HUNTED	R HUNA	MIDDLE	TWENS .
	WAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) (IF YES, GIVE Y	MED FORCES? 166 SOCIAL SECU	JRITY NO. 17 INFORMANT	1.1 ADDRESS	71 SAWTA MARIT
	PO -	218 44	4520HERBERT M.	Wilson & DA.	insowville MD
	18. CAUSE OF DEATH (Enter only	y one couse per line longo), (b), on	odicil / 2	V	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		CAUSE (0)	PAILURE		agnis
	1590	DUE TO, OR AS A SONSEQUI	ENCEOF	10.1	1101
	Conditions, if any, which	(16) FEMORE	Tal CARCINOMA OF	saue!	78415°
	couse (a), stating the	DUE TO, OR AS A CONSEQUE	ENCE OF		1101.00
	underlying cause last.	(c) FRAINA	Tion Meumonia		70015
7			DEATH BUT NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION	GIVEN IN PART 1(0)
i i		GOVACULAR A	COCNI		
CERTIFICATION	19a DATE OF OPERATION	INCOMPTION FOR WHICH	OPERATION WAS PERFORMED WELL		FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?
E	2/00/1/	with per	for Allors	YES NO	YES NO
	OR CONTRIBUTING CAUSE OF DEAT	216. TIME OF INJURY HOUR A.M. MONTH D.		RED (ENTER NATURE OF INJURY IN ITEM	A 18, PART 1 OR PART 2)
CAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19		
WEDIC	21d. INJURY OCCURRED WHILE IN NOT WHILE IN	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	AT WORK AT WORK		2/20 11	2/25	19
	22a.1 certify that (1) (his hospita	HII'A	19/10/19		, 19, that (1) (we) last
	sow the deceased of e on above, (I) (we) (did) (did not	view the body ofter death.		death accurred on the date and	hour and from the couses stated
	22b. SIGNATURE	1.016 00	DEGREE ATTENDING	MEDICAL STAFF	220. DATE SIGNED
	Comu. IV	will in	PHYSICIAN	DIRECTOR PHYSICIAN	10/00/1/
	274 PAYSICIAN'S NAME (TYPE OR	PRINT)	27e. ADDRESS	ac Do Su	KL-5, 11 18
	Joenn W. 111	A1141614) 1111.	12 1/03 67011	Wine, Am	NAPOLO, MICE

BP.

etoined by the hospital or attending physician. OR ATTENDING

DHMH - 16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion ond completely filled in by the funer should be detoched for use as the buriol-transif permit. Then please remove corbon popers. Pages I and 2 should be filed within 7 with the State Dept. af Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or ather traumotic event, the

MPORTANT: If Item 21 is marked or Item 18 shows any

79-02923 SHOP SEWSENNE THOSE WITH CHARLES - HULTES HULLER MARGARET TEXASIMAL POMAS

1			STATE OF MARYLAND		
	1 - STATE REGISTRAR		ENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	REG. NO.	79-029-28 T.
	I. DECEASED NAME FIRST THOMAS	G. W	INDSOR, SR.	FEBRUARY 21	1, 1979 4:45 A
	3. SEX Male	4 RACE White	S. DATE OF BIRTH MONTH Sept. 28, 1905	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN. YRS.
1	le. BIRTHPLACE (STATE ORFOREIGN COUNTRY) Maryland		MARRIED NEVER MARRIED WIDOWED DIVORCED	ANNE ARUND	EL COUNTY MD.
100	GLEN BURNIE	11. NAME OF HOSPITAL, NURSING NORTH ARUNDEL R OTHER INSTITUTION, GIVE RESIDENCE BEFORE AL	HÖ'SPITAL	128. USUAL OCCUPATION (Type of work for most of work Driver	
1	Maryland Ann	Arundel Pasadena	13d. INSIDE CITY LIMITS?	8366 Country	asadena. Md. Life Rd. 21122
-	Monnie	R. Windsor	orneli.	a –	Callis LAST
	160 WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIVI	RANED FORCES? 166 SOCIAL SECURI 213-05-24		or 6325 Belai	r Rd. Balto.Md.
	PART I. DEATH WAS CAUSE	TE CAUSE (0) (ar all a	CEOF tastatic Can	Arrest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		CONDITIONS CONTRIBUTING TO DE			N GIVEN IN PART) (a) IF YES, WERE FINDINGS USED
	198 DATE OF OPERATION 218, ACCIDENT WAS UNDERLYING	7 21b. TIME OF INJURY			CERTIFYING CAUSES OF DEATH? YES NO
7	OR CONTRIBUTING CAUSE OF DEATH OF THE ETHER, NOTIFY MEDICAL EXAMINER; 214 INJURY OCCURRED WHILE NOT WHILE ATWORK ATWORK	ATH HOUR A.M. MONTH BAY	YEAR 19 21f LOCATION	CITY OR TOWN	COUNTY STATE
	saw the deceased alive an obove, (h) (wer 10th) (did no 27b. SIGNATURE	Shorter death.	1	MEDICAL STAFF DIRECTOR PHYSICIAN (221. DATE SIGNED 2-21-79.
	220 PHYSICIAN'S NAME (TYPE O		27e ADDRESS 166	7 CROFTON CE	NTER 2444

DHMH-16 20M {VRA 15, 4} 7/78

should be detached for use as the buyon the State Dept, of Health and M With the State Dept, of Health and M IMPORTANT: If them 21 is marked or

TO FUNERAL DIRECTOR:

24 FUNERAL DIRECTOR Bruzdzinski Funeral Home

23d BURIAL, CREMATION, REMOVAL ISPECIF Burial 23b. DATE 2-24-79 236 NAME OF CEMETERY OR CREMATORY
Oak Lawn Cemetery

Baltimore County, Maryland

Old Eastern Ave.FEB

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The Last one is it were the noted by the second

STATE OF MARYLAND

MPORTANT: If Hem 21 is marked or Hem 18 shows any

FOR STATE REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-02926

	ECEASED NAME	FIRST	M	IDOLE	LA	ST		20. DATE OF DEATH	MONTH	DAY YEAR	26 HOURES
(TYPE	PE OR PRINT)	BETTIE		L.	WRO	Y		FEBRUARY	26. 197	79	10:46A
3. SE			RACE		5 DATE O			6. AGE (IN YEARS LAST B		IF UNGER 1 YEAR	IF UNDER 24 HRS
FI	EMA LE		WHITE		04	25	04	74		MONTHS DAYS	HOURS MIN
30 B	SIRTHPLACE (STATE OR I	FOREIGN 76		VHAT COUNTRY	8	-		9 BALTIMORE CITY	1110.	OF DEATH	
M	ARYLAND	100	U.S.	A.	WIDOWE		VORCED [ANNE ARUI	NDEL CO	DUNTY	M
11	LEN BURNIE		(IF NOT IN SUCH	OSPITAL, NURSI FACILITY, GIVE STREE RUNDEL H	T ADDRESS)		TITUTION	170 USUAL OCCUPA (TYPE OF WORK FOR MOST HOMEMAK)	OF WORKING LIF		OF BUSINESS O
130.	JAL RESIDENCE (IF NUR STATE	136 COUNTY		13c. CITY OR TOV	NN	134 INSIDE C	ITY LIMITS?	13e STREET ADDRESS			
	ARYLAND	A. A	A.	GLEN BU	JRNIE	YES 🗌	NOX	99 MARY 1	LANE	210	61
2	ATHER'S NAME FIRST SAMUEL	R.	DLE	HOWARD		15 MOTHER	S MAIDEN NAM	NKNOW!	N	LAS	st
	WAS DECEASED EVER	IN U.S. ARME		166 SOCIAL SEC	URITY NO.	17 INFORMA			RESS		
1	NO	(IF YES, GIVE W	AR OR DATES)	219-10-	-7174	ALFREI	R. WRO	OY, 4743 BI	ELWOOD	GREEN.	21227
	18 CAUSE OF DEAT PART I. DEATH V		BY:			PJ(mon-	r > Ax	Reg		mate interval Onset and death
2	Conditions, if any		DUE TO, OR	AS A CONSEOL	DENCE OF	ے	4 00	œ ·			
	cause (a), stati	ng the	DUE TO, OR	AS A CONSEOL	JENCE OF	y 0	Uva	acyTrac	TITE	cr	
NO	PART 2. OTHER SIG	NIFICANT CO	I And	NTRIBUTING TO	M AC		TO THE TERM	INAL DISEASE OR CO	NOITION GIV	EN IN PART 10	o)
CERTIFICATION	190 DATE OF OPERA	MON	196 CONDII	ION FOR WHICH	OPERATION	WAS PERFO	RMED	200 AUTOPSY?	IN CERTIF	, WERE FINDITY YING CAUSES S.]	
13	210. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER, NOTIFY MEDIC	CAUSE OF DEATH	216. TIME OF HOUR A.A.	M. MONTH	AY YEAR	21c, HOW IN	JURY OCCURR	RED (ENTER NATURE OF IN.	URY IN ITEM 18, P.	ART 1 OR PART 2)	
MEDICAL	21d INJURY OCCUR	PRED	21e PLACE C (AT HOME, STRE	OF INJURY SET, FACTORY, OFFICE.	FARM, ETC.)	211 LOCATION STREET	ON	CITY OR TO	OWN	COUNTY	STATE
	220.1 certify that (1	(this haspital	attended the	deceased from			_, 19	, ta	,	19,	that (I) (we) la
	saw the decease abave, (I) (we) (ed alive an	view the beaty	iter death.	, and	d that in (my)	(aur) apinian (death accurred on the	date and hav	r and fram the	causes stated
	226. SIGNATURE	1	KI	4	P	SEGREE .	ATTENDING PHYSICIAN	MEDICAL ST. DIRECTOR □ PHYS	AFF	22c. DATE	SIGNED
	22d. PHYSICIAN'S-N	AME (TYPE OR PE	RINT)			22e. ADDRES				1 717	21061
	GLENN F.	ROBBII	NS, M.D			1404	CRAIN H	IGHWAY, GLI	EN BURN	IIE, MA	RYLAND
	BURIAL, CREMATION		236. DATE		NAME OF CE			23d. LOCATION CITY OR TOWN		COUNTY	STATE
	CREMATION		02-27-	79 I	LOUDON	PARK C	REM.	BALTIMO	RE CITY	Z M	ARYLAND
24 F	UNERAL DIRECTOR		4.5	ADDRESS		21229	250 DATE	E REC'D. BY REGISTRA	R 25b. RECOST	RAR'S SIGNAT	URE

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

NAME 4107 WILKENS AVE HUBBARD FUNERAL HOME INC.

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BP. DHMH - 16 50M 7/77 · (VR A 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		DEPAR		EALTH AND MENTAL HYG ICATE OF DEATH	IENE REG. NO	79-0	2927
T. DECEASED NAME (TYPE OR PRINT)	John	(NMN)	Zan	gla	2a. DATE OF DEATH		26 HOUR 09:14
3. SEX Male	4 F	White	S DATE C	OAY YEAR	6 AGE (IN YEARS LAST BIRTH	DAY) IF UNDER MONTHS YRS.	OAYS HOURS M
70. BIRTHPLACE (STATE OF COUNTRY)	ennsylvar		WIDOWE		9. BALTIMORE CITY OR Anne Arund	del Count	У
Ft. Meade,	Md.	NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE KIMBROUGH ARM	Y HOSP		170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Retired Ar	WORKING LIFE) INDI	KIND OF BUSINESS USTRY ILITARY
MD STATE	136 COUNTY	ER INSTITUTION, GIVE RESIDENCE BEF 13c. CITY OR TO Sever	NWN	13d. INSIDE CITY LIMITS? YES NO X	130. STREET ADDRESS	ngton Ave	Sever
Rosara	MIDO	Zangla		15. MOTHER'S MAIDEN NAME FIRST Mary	WIOOFE		nknown
160 WAS DECEASED EV (YES, NO OR UNKNOWN) 20 Years	I JIF YES, GIVE WA	0 FORCES? 166 SOCIAL SEC 8 OR OATES) 22007 (Catherine Za		Severn, M	
18 CAUSE OF DE PART I. DEATH	ATH (Enter only of I WAS CAUSED B)		liopulm	onary arrest			mmediate
	immediate ating the use lost.	DUE TO, OR AS A CONSEQ	DUENCE OF RE	Heart Failur nal Failure NOT RELATED TO THE TERM		3	years
190 DATE OF OPE	RATION	196 CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	206. IF YES, WERE IN CERTIFYING C. YES	FINDINGS USED AUSES OF DEATH?
	CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	Z1c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR P	PART 2)
OR CONTRIBUTING E (IF EITHER, NOTIFY ME 21d. IN JURY OCC WHILE NO AT WORK AT	URRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	4 COUM	NTY STATE
		oftended the deceosed from 19 ew the body ofter death.	7.0	od that in (my) (our) opinion	to 6 Feb death occurred on the dat	, 19 <mark>79</mark> te and hour and fro	, that (I) (we)
22b. SIGNATURE	7/10	wholis		ATTENDING PHYSICIAN	MEDICAL STAFF		L DATE SIGNED 16 Feb 79
	J. RAIB	LE, CPT, MC		Kimbrough A	Army Hospita Md.		
230. BURIAL, CREMATIC (SPECIFY) Bur	ial	Feb. 20, 79		EMETERY OF CREMATORY LS Bethel	Odenton	-	A Mã
24. FUNERAL DIRECTOR SINGLETON	PUNERAL	HOME Glen	Burnie	FF	REC'D. BY REGISTRAR 2	ALST A	Charture

Glen Burnie, MD

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